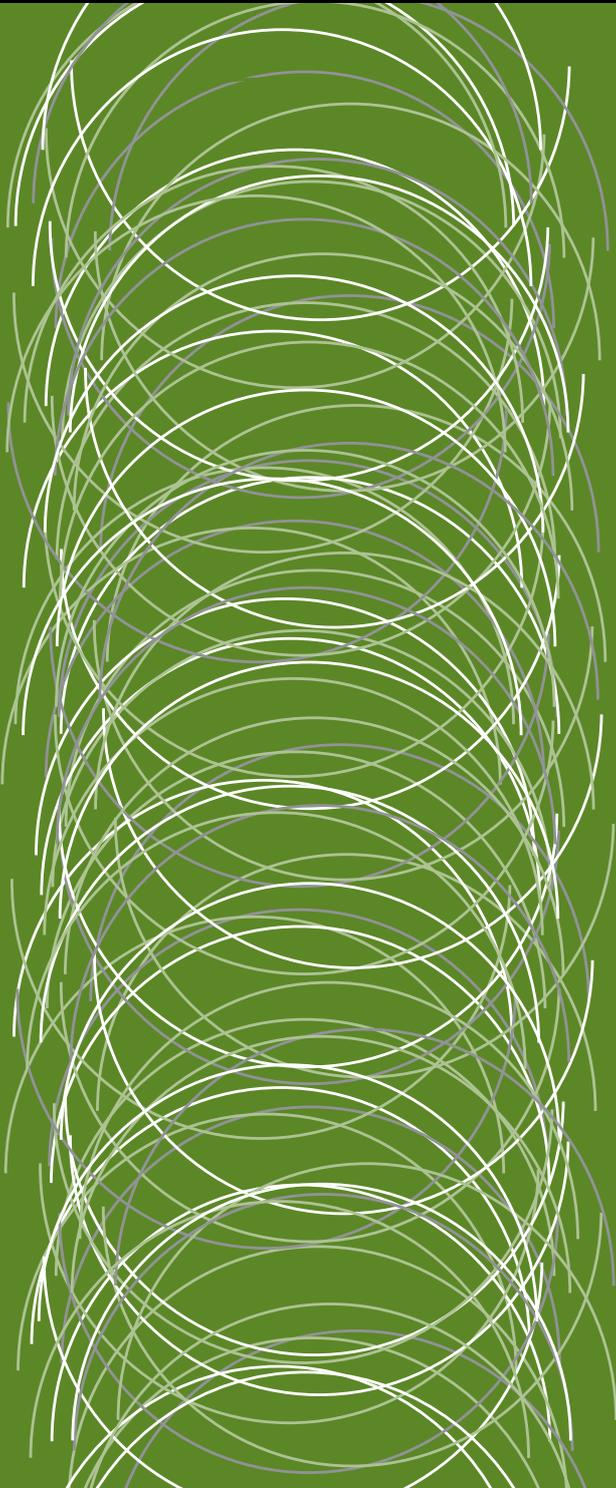


Australian Medical Council Limited

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

AMC



Specialist Education Accreditation Committee
March 2018

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Executive Summary: Australasian College of Dermatologists

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2017*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The Australasian College of Dermatologists (ACD) was first accredited by the AMC in 2007, for a period of three years, until December 2010. In June 2010, at the request of the College, and having considered the College's progress, the AMC extended this accreditation by 12 months. The College underwent a follow-up assessment in 2011, with AMC Directors granting accreditation until December 2013. Fourteen conditions were set on this accreditation.

In 2013, the AMC assessed the College's comprehensive report for extension of accreditation. The College was found to be meeting the accreditation standards and had addressed 10 of the 14 conditions set in 2011. On the basis of the 2013 comprehensive report review, the AMC Directors extended the accreditation of the College by four years, until December 2017.

Due to the timing of the 2017 reaccreditation visit, the AMC Directors in 2017 agreed to extend the accreditation of the College's programs from 31 December 2017 to 31 March 2018 to allow for an accreditation decision to be made before the expiry date.

In 2017, an AMC team completed a reaccreditation assessment of the specialist medical programs and continuing professional development programs of the Australasian College of Dermatologists, which leads to the award of fellowship of Australasian College of Dermatologists (FACD).

The team reported to the 13 February 2018 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations, to the 6 March 2018 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, 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 it is reasonably satisfied that the training, education and the continuing professional development programs of the Australasian College of Dermatologists substantially meet the accreditation standards.

The College is commended for its achievements in relation to its education and continuing development programs since the last AMC assessment. The team found that the College's training program delivers specialist dermatological training of high quality that equips its trainees to undertake specialist practice.

The College's new governance structure, which is in its final stages of formation and transition is a positive reform, particularly the move to a small skill-based Board, and direct reporting pathways for all principal governance committees to the Board. Charters are yet to be finalised for all committees and a number of positions for non-fellow members of key committees are to

be filled. Effective communication of the new governance structure to all levels within the structure is required so that reporting lines and functions are clearly understood.

The College is commended for accessing external expertise when required in relation to trainee selection, curriculum development and assessment. The planned appointment of external members to key education committees, and the establishment of the Community Engagement Advisory Committee and further development of the Aboriginal and Torres Strait Islander Committee are positive developments which will strengthen the contribution of external perspectives and expertise to the education program.

The College undertook a major curriculum review in 2014/15 with a revised curriculum released in 2016. The revised Dermatology Training Program Curriculum has been designed as an integrated, trainee-centred, outcomes-based curriculum. The curriculum is commended particularly with respect to its educational framework and the content of learning which is comprehensive and aligns well with the specialist role.

The team considers the range of assessment methods used by the College, and the timing of these throughout the program as appropriate to assess the depth and breadth of the program learning outcomes. The recent change in pharmacology to online modules with assessment, rather than an examination in the first 12 months of training, is a positive response to decrease the burden of assessment as first year trainees transition to registrar positions in dermatology. There are a number of issues relating to the suite of assessments that comprise the Fellowship Examination that the College will need to consider. External expertise and advice may be required.

The College will be required to develop an overarching framework or strategy regarding a whole of program approach to monitoring, evaluation and feedback to facilitate regular and systematic review. Consideration should be given to using a suite of instruments for monitoring and obtaining feedback. The College should further engage the Trainee Representative Committee to facilitate gathering feedback from trainees as well as reporting the results of feedback and monitoring back to trainees as this could be a useful means of enhancing the monitoring, evaluation and feedback process.

In line with other specialist medical colleges, the College should review trainee representation to ensure that trainees are represented on all relevant committees of the organisation. The College should work with the Trainee Representative Committee to ensure that trainees are effectively represented, including through the provision of administrative support to the Trainee Representative Committee and proactive involvement of trainees in decision making.

In 2016, the College undertook a comprehensive survey to identify the prevalence of bullying and harassment experienced by members and trainees of the College. The findings of the survey have highlighted the need for a pathway by which complaints are referred to the College and appropriately investigated and resolved. The College should create safe and accessible internal pathways for trainees experiencing personal and/or professional difficulties to seek advice about appropriate support. The College must explore and address factors that contribute to an unsupportive learning environment, for example: the competitive nature of norm-referenced single-point exit examinations; anxiety relating to the lack of access to training placements for post-training candidates; restricted leave allowances; inconsistent and limited access to flexible and interrupted training; and decisions about leave being made in relation to service needs rather than training requirements.

There is strong support of the training program amongst fellows with the supervision of trainees a commonplace and expected role in practice. Training is well established and successful in the private sector and the College is well practised at utilising both public and private training sites to optimise the training experience for trainees.

The March 2018 meeting of the AMC Directors resolved:

- (i) That the Australasian College of Dermatologists' specialist medical programs and training and continuing professional development programs in the recognised medical specialty of dermatology be granted accreditation for four years until 31 March 2022, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.
- (ii) That this accreditation is subject to the conditions set out below:
 - a) By the 2018 progress report, evidence that the College has addressed the following conditions from the accreditation report:
 - 2 Develop a communications strategy to ensure effective communication of the new governance structure throughout all levels of the College, including both the wider College membership and all committee members so that reporting lines and functions are clearly understood. (Standard 1.1)
 - 3 Explicitly reflect the role of the Faculties in regional governance of education and training in the governance structure, including relevant lines of reporting for Directors of Training, Supervisors of Training and Clinical Supervisors. The regional governance structure must clarify the separation of training governance and management from the relationships with training sites with regard to employment issues. (Standard 1.1)
 - 19 Formalise, and make publicly available, the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of trainee assessment. (Standard 5.3.3)
 - 26 Proactively communicate with trainees to ensure there is a consistent national understanding regarding training policies and procedures, including options for flexible and interrupted training, and the accommodation of special circumstances and leave. (Standard 7.3.2)
 - 35 Formalise and make publicly available the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of specialist international medical graduate assessment. (Standard 10.2.2)
 - b) By the 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:
 - 1 Fully implement the new governance structure, including: developing charters for all committees and position descriptions for committee chairs; recruiting and appointing external members to the Board and committees as planned; transferring functions from the previous governance structure to the new one to ensure functional continuity; and revising all College documents and the website to reflect the new structure. (Standard 1.1.2 and 1.1.3)
 - 4 Further develop the representational function of the Trainee Representative Committee including development of a charter, and provision of professional development for trainees in representational and governance roles. The purpose and role of the trainee representative attending the Board and other committee meetings must be defined and further developed. (Standard 1.1)
 - 5 With the new governance, ensure that the Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee are active in all principal areas of College governance. (Standard 1.1.2 and 1.1.3)
 - 13 Clarify the approval process and criteria for recognition of prior learning of the research component of the training program with respect to previous publications and/or equivalent experience to meet requirements and develop a

process to provide transparent feedback to candidates when approval is not granted. (Standard 3.3.2)

- 14 Develop an explicit process to accommodate the progression of a competent trainee after a period of unplanned leave. This process needs to be clearly stated in the trainee handbook and explained at the outset of training. (Standard 3.4.1)
- 18 Ensure that all training program resources for supervisors and trainees are updated to reflect the new College governance structure and that all documents are consistent with regard to the Summative In-Training Assessment (SITA) process and the Supplementary Supervision Program (SSP)/Performance Improvement Plan (PIF) for unsatisfactory performance. (Standard 5.3.3)
- 21 In relation to monitoring, evaluation and feedback:
 - (i) Develop a framework for monitoring and evaluating the training program. The evaluation framework should include goals for participation, satisfaction, educational impact, outputs and outcomes.
 - (ii) Establish the governance and operational structures to implement the framework.
 - (iii) Institute regular reporting that describes how feedback has been evaluated, what actions have been taken and whether goals for improvement have been met. This should include plans to distribute results to those who provided feedback. (Standard 6.1, 6.2 and 6.3)
- 22 Implement regular and safe processes for trainees and other stakeholders to provide feedback about program delivery and development, and their perception of the achievement of graduate outcomes. (Standard 6.1.3)
- 24 Develop strategies to support the wellbeing of Aboriginal and Torres Strait Islander trainees, recognising the specific needs required and additional challenges faced by this group. (Standard 7.1.3)
- 25 Work with the Trainee Representative Committee to further develop the role of trainees and the Trainee Representative Committee as an integral part of decision making in the College.
 - (i) Ensure trainees are effectively represented on all relevant committees of the organisation.
 - (ii) Support the Trainee Representative Chair or designated delegate to attend Board meetings in person.
 - (iii) Review the composition of the Trainee Representative Committee to ensure the views of all trainees are effectively represented, including third and fourth year trainees and post-training candidates.
 - (iv) Provide administrative support to the Trainee Representative Committee. (Standard 7.2.1)
- 29 Create safe, accessible and formally documented internal pathways for trainees experiencing personal and/or professional difficulties to seek advice about appropriate support. This should include, but not be limited to, the development of policy and procedures, consideration of a trainee welfare officer role and appropriate safeguards within these processes. (Standard 7.4.2)
- 30 Develop pathways through which complaints (as opposed to requests for reconsideration, review or appeal of decisions) are referred to the College and appropriately investigated and resolved. A complaints process must incorporate

principles of due process, procedural fairness and support for all parties. (Standard 7.5)

- 34 Articulate and implement a policy and procedure applying to practitioners who require remediation for not performing to expected standards, or who are formally referred by regulatory bodies or other sources for revalidation and up skilling. This policy and procedure should be separate from CPD underperformance, recency of practice and return to practice policies and procedures. (Standard 9.3.1)
- c) By the 2020 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 6 Develop and implement a process for regular formal review and evaluation of de-identified cases of applications under all three steps of the reconsideration, review and appeals policy to identify any systemic issues to be addressed. (Standard 1.3.2)
 - 7 Develop a deliberate approach to collaboration and benchmarking across the medical education sector to achieve cultural change and best practice in education. (Standard 1.4)
 - 15 Demonstrate increased flexibility in accommodating variable periods of trainee leave so trainees are not unduly disadvantaged. (Standard 3.4.3)
 - 16 In relation to the Fellowship Examination:
 - (i) Develop a plan for increasing the frequency of the examination for all candidates and/or supplementary assessment for candidates who fail a single clinical component. (Standard 5.2.1 and 7.4.1)
 - (ii) Provide appropriate consideration of special circumstances for applicants that are rendered ineligible to sit the examination, as a result of not meeting, for legitimate reasons, the increased number of training weeks required in each of the first three years of training. (Standard 5.2.1 and 7.4.1)
 - 17 Implement, document and publicise valid pass/fail standard setting procedures for all examinations, including specific procedural details of how pass/fail decisions are determined for borderline candidates. Methods used must be consistent with current best practice in medical education. (Standard 5.2.3)
 - 20 Develop and document a systematic approach to quality assurance methods with respect to all types of College assessments. (Standard 5.4.1)
 - 27 Implement and evaluate the 2016 Action Plan to address bullying and harassment. (Standard 7.4)
 - 28 Explore and address factors that contribute to an unsupportive learning environment, for example: the competition among trainees as a result of the of norm-referenced single-point exit examinations; anxiety relating to the lack of access to training placements for post-training candidates; restricted leave allowances; inconsistent and limited access to flexible and interrupted training; and decisions about leave being made in relation to service needs rather than training requirements. (Standard 7.4.1)
 - 32 Develop and implement a process for evaluating the performance of supervisors including a mechanism for the provision of feedback to supervisors. (Standard 8.1.4)

- d) By the 2021 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 8 When defining the educational purpose, program and graduate outcomes, formally engage trainees, as well as other relevant medical specialties, community representatives, Aboriginal and Torres Strait Islander health organisations, and health funder services, to ensure community perspectives are considered. (Standard 2.1.3)
 - 9 Develop and implement a process to ensure the program outcomes are responsive to the health needs of the community. (Standard 2.2.1)
 - 10 Develop and implement a formalised approach to regularly assessing needs across rural and regional communities and evaluating the degree to which program outcomes are aligned with these needs. (Standard 2.2.1)
 - 11 Implement a continuous rolling cycle of curriculum review, including:
 - (i) Implementing mechanisms to monitor its relevance to practice, including feedback from fellows and trainees in Indigenous, rural and regional settings.
 - (ii) Mapping curricular needs to changing practice, for example teledermatology.
 - (iii) Detailing the accessibility to training to cover all curricular components, for example Indigenous populations, cosmetic procedures, lasers and surgery.
 - (iv) Strengthening explicit integration of the training and CPD curriculum. (Standard 3.1.1)
 - 12 Review the Dermatoses of Specific Populations (Skin Disorders of Aboriginal and Torres Strait Islander Peoples) module with experts in the field in order to provide a more rigorous approach to the demonstration of cultural competency with respect to dermatology disease presentation. (Standard 3.2.9 and 3.2.10)
 - 23 Implement regular and safe processes for external stakeholders, including consumers, Indigenous peoples, medical specialties and health jurisdictions to provide feedback about program delivery and development. (Standard 6.2.3)
 - 31 Develop and implement a comprehensive suite of resources with compulsory core elements for the training of supervisors, including but not limited to, finalising and implementing the College's planned new supervisor development course. (Standard 8.1.3)
 - 33 Increase opportunities for dermatology trainees in all regions to gain relevant experience in settings for provision of care to Aboriginal and Torres Strait Islander peoples. (Standard 8.2.3)

The accreditation conditions in order of standard are detailed in the following table:

| Standard | Condition: | To be met by: |
|-----------------|--|----------------------|
| Standard 1 | 1 Fully implement the new governance structure, including: developing charters for all committees and position descriptions for committee chairs; recruiting and appointing external members to the Board and committees as planned; transferring functions from the previous governance structure to the new one to ensure functional continuity; and revising all College documents and the website to reflect the new structure. (Standard 1.1.2 and 1.1.3) | 2019 |
| | 2 Develop a communications strategy to ensure effective communication of the new governance structure throughout all levels of the College, including both the wider College membership and all committee members so that reporting lines and functions are clearly understood. (Standard 1.1) | 2018 |
| | 3 Explicitly reflect the role of the Faculties in regional governance of education and training in the governance structure, including relevant lines of reporting for Directors of Training, Supervisors of Training and Clinical Supervisors. The regional governance structure must clarify the separation of training governance and management from the relationships with training sites with regard to employment issues. (Standard 1.1) | 2018 |
| | 4 Further develop the representational function of the Trainee Representative Committee including development of a charter, and provision of professional development for trainees in representational and governance roles. The purpose and role of the trainee representative attending the Board and other committee meetings must be defined and further developed. (Standard 1.1) | 2019 |
| | 5 With the new governance, ensure that the Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee are active in all principal areas of College governance. (Standard 1.1.2 and 1.1.3) | 2019 |
| | 6 Develop and implement a process for regular formal review and evaluation of de-identified cases of applications under all three steps of the reconsideration, review and appeals policy to identify any systemic issues to be addressed. (Standard 1.3.2) | 2020 |
| | 7 Develop a deliberate approach to collaboration and benchmarking across the medical education sector to achieve cultural change and best practice in education. (Standard 1.4) | 2020 |

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| Standard 2 | 8 | When defining the educational purpose, program and graduate outcomes, formally engage trainees, as well as other relevant medical specialties, community representatives, Aboriginal and Torres Strait Islander health organisations, and health funder services, to ensure community perspectives are considered. (Standard 2.1.3) | 2021 |
| | 9 | Develop and implement a process to ensure the program outcomes are responsive to the health needs of the community. (Standard 2.2.1) | 2021 |
| | 10 | Develop and implement a formalised approach to regularly assessing needs across rural and regional communities and evaluating the degree to which program outcomes are aligned with these needs. (Standard 2.2.1) | 2021 |
| Standard 3 | 11 | Implement a continuous rolling cycle of curriculum review, including: (i) Implementing mechanisms to monitor its relevance to practice, including feedback from fellows and trainees in Indigenous, rural and regional settings. (ii) Mapping curricular needs to changing practice, for example teledermatology. (iii) Detailing the accessibility to training to cover all curricular components, for example Indigenous populations, cosmetic procedures, lasers and surgery. (iv) Strengthening explicit integration of the training and CPD curriculum. (Standard 3.1.1) | 2021 |
| | 12 | Review the Dermatoses of Specific Populations (Skin Disorders of Aboriginal and Torres Strait Islander Peoples) module with experts in the field in order to provide a more rigorous approach to the demonstration of cultural competency with respect to dermatology disease presentation. (Standard 3.2.9 and 3.2.10) | 2021 |
| | 13 | Clarify the approval process and criteria for recognition of prior learning of the research component of the training program with respect to previous publications and/or equivalent experience to meet requirements and develop a process to provide transparent feedback to candidates when approval is not granted. (Standard 3.3.2) | 2019 |
| | 14 | Develop an explicit process to accommodate the progression of a competent trainee after a period of unplanned leave. This process needs to be clearly stated in the trainee handbook and explained at the outset of training. (Standard 3.4.1) | 2019 |
| | 15 | Demonstrate increased flexibility in accommodating variable periods of trainee leave so trainees are not unduly disadvantaged. (Standard 3.4.3) | 2020 |
| Standard 4 | Nil | | |

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| Standard 5 | 16 | In relation to the Fellowship Examination: (i) Develop a plan for increasing the frequency of the examination for all candidates and/or supplementary assessment for candidates who fail a single clinical component. (Standard 5.2.1 and 7.4.1) (ii) Provide appropriate consideration of special circumstances for applicants that are rendered ineligible to sit the examination, as a result of not meeting, for legitimate reasons, the increased number of training weeks required in each of the first three years of training. (Standard 5.2.1 and 7.4.1) | 2020 |
| | 17 | Implement, document and publicise valid pass/fail standard setting procedures for all examinations, including specific procedural details of how pass/fail decisions are determined for borderline candidates. Methods used must be consistent with current best practice in medical education. (Standard 5.2.3) | 2020 |
| | 18 | Ensure that all training program resources for supervisors and trainees are updated to reflect the new College governance structure and that all documents are consistent with regard to the Summative In-Training Assessment (SITA) process and the Supplementary Supervision Program (SSP)/Performance Improvement Plan (PIF) for unsatisfactory performance. (Standard 5.3.3) | 2019 |
| | 19 | Formalise, and make publicly available, the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of trainee assessment. (Standard 5.3.3) | 2018 |
| | 20 | Develop and document a systematic approach to quality assurance methods with respect to all types of College assessments. (Standard 5.4.1) | 2020 |
| Standard 6 | 21 | In relation to monitoring, evaluation and feedback: (i) Develop a framework for monitoring and evaluating the training program. The evaluation framework should include goals for participation, satisfaction, educational impact, outputs and outcomes. (ii) Establish the governance and operational structures to implement the framework. (iii) Institute regular reporting that describes how feedback has been evaluated, what actions have been taken and whether goals for improvement have been met. This should include plans to distribute results to those who provided feedback. (Standard 6.1, 6.2 and 6.3) | 2019 |
| | 22 | Implement regular and safe processes for trainees and other stakeholders to provide feedback about program delivery and development, and their perception of the achievement of graduate outcomes. (Standard 6.1.3) | 2019 |

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| | 23 | Implement regular and safe processes for external stakeholders, including consumers, Indigenous peoples, medical specialties and health jurisdictions to provide feedback about program delivery and development. (Standard 6.2.3) | 2021 |
| Standard 7 | 24 | Develop strategies to support the wellbeing of Aboriginal and Torres Strait Islander trainees, recognising the specific needs required and additional challenges faced by this group. (Standard 7.1.3) | 2019 |
| | 25 | Work with the Trainee Representative Committee to further develop the role of trainees and the Trainee Representative Committee as an integral part of decision making in the College. (i) Ensure trainees are effectively represented on all relevant committees of the organisation. (ii) Support the Trainee Representative Chair or designated delegate to attend Board meetings in person. (iii) Review the composition of the Trainee Representative Committee to ensure the views of all trainees are effectively represented, including third and fourth year trainees and post-training candidates. (Standard 7.2.1) (iv) Provide administrative support to the Trainee Representative Committee. (Standard 7.2.1) | 2019 |
| | 26 | Proactively communicate with trainees to ensure there is a consistent national understanding regarding training policies and procedures, including options for flexible and interrupted training, and the accommodation of special circumstances and leave. (Standard 7.3.2) | 2018 |
| | 27 | Implement and evaluate the 2016 Action Plan to address bullying and harassment. (Standard 7.4) | 2020 |
| | 28 | Explore and address factors that contribute to an unsupportive learning environment, for example: the competition among trainees as a result of the of norm-referenced single-point exit examinations; anxiety relating to the lack of access to training placements for post-training candidates; restricted leave allowances; inconsistent and limited access to flexible and interrupted training; and decisions about leave being made in relation to service needs rather than training requirements. (Standard 7.4.1) | 2020 |
| | 29 | Create safe, accessible and formally documented internal pathways for trainees experiencing personal and/or professional difficulties to seek advice about appropriate support. This should include, but not be limited to, the development of policy and procedures, consideration of a trainee welfare officer role and appropriate safeguards within these processes. (Standard 7.4.2) | 2019 |

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| | 30 | Develop pathways through which complaints (as opposed to requests for reconsideration, review or appeal of decisions) are referred to the College and appropriately investigated and resolved. A complaints process must incorporate principles of due process, procedural fairness and support for all parties. (Standard 7.5) | 2019 |
| Standard 8 | 31 | Develop and implement a comprehensive suite of resources with compulsory core elements for the training of supervisors, including but not limited to, finalising and implementing the College's planned new supervisor development course. (Standard 8.1.3) | 2021 |
| | 32 | Develop and implement a process for evaluating the performance of supervisors including a mechanism for the provision of feedback to supervisors. (Standard 8.1.4) | 2020 |
| | 33 | Increase opportunities for dermatology trainees in all regions to gain relevant experience in settings for provision of care to Aboriginal and Torres Strait Islander peoples. (Standard 8.2.3) | 2021 |
| Standard 9 | 34 | Articulate and implement a policy and procedure applying to practitioners who require remediation for not performing to expected standards, or who are formally referred by regulatory bodies or other sources for revalidation and up skilling. This policy and procedure should be separate from CPD underperformance, recency of practice and return to practice policies and procedures. (Standard 9.3.1) | 2019 |
| Standard 10 | 35 | Formalise and make publicly available the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of specialist international medical graduate assessment. (Standard 10.2.2) | 2018 |

This accreditation decision relates to the College's continuing professional development programs and its specialist medical programs in the specialty of dermatology.

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

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

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 1 to 11). The team's commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

| | |
|---|---|
| 1. The context of education and training (governance; program management; reconsideration, review and appeal processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal) | This set of standards is SUBSTANTIALLY MET |
|---|---|

Standard 1.1.2 (governance structures are understood and encompass relationships with relevant stakeholders), standard 1.1.3 (governance structures set out the relationships and allow all relevant groups to be represented in decision making), standard 1.3.2 (process for evaluating de-identified appeals and complaints), and standard 1.4 (educational expertise and exchange) is substantially met.

Commendations

- A The new governance structure, in the final stages of formation and transition, is a positive reform, particularly the move to a small skills-based Board, and direct reporting pathways for all principal governance committees to the Board. The new governance structure gives appropriate priority to the College's educational role, while also acknowledging the other strategic pillars of the College.
- B The effective engagement of fellows at the regional level through the State Faculties in implementing the training program, including identification of suitable training positions and the delivery of formal teaching.
- C The College's commitment to continuing to develop in a deliberate and strategic manner the staff profile in support of education. The professional staff involved in College education administration, development and implementation are well qualified, enthusiastic and committed to a high-quality education program.

Conditions to satisfy accreditation standards

- 1 Fully implement the new governance structure, including: developing charters for all committees and position descriptions for committee chairs; recruiting and appointing external members to the Board and committees as planned; transferring functions from the previous governance structure to the new one to ensure functional continuity; and revising all College documents and the website to reflect the new structure. (Standard 1.1.2 and 1.1.3)
- 2 Develop a communications strategy to ensure effective communication of the new governance structure throughout all levels of the College, including both the wider College membership and all committee members so that reporting lines and functions are clearly understood. (Standard 1.1.2)
- 3 Explicitly reflect the role of the Faculties in regional governance of education and training in the governance structure, including relevant lines of reporting for Directors of Training, Supervisors of Training and Clinical Supervisors. The regional governance structure must clarify the separation of training governance and management from the relationships with training sites with regard to employment issues. (Standard 1.1.2 and 1.1.3)

- 4 Further develop the representational function of the Trainee Representative Committee including development of a charter, and provision of professional development for trainees in representational and governance roles. The purpose and role of the trainee representative attending the Board and other committee meetings must be defined and further developed. (Standard 1.1.2 and 1.1.3)
- 5 With the new governance, ensure that the Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee are active in all principal areas of College governance. (Standard 1.1.2 and 1.1.3)
- 6 Develop and implement a process for regular formal review and evaluation of de-identified cases of applications under all three steps of the reconsideration, review and appeals policy to identify any systemic issues to be addressed. (Standard 1.3.2)
- 7 Develop a deliberate approach to collaboration and benchmarking across the medical education sector to achieve cultural change and best practice in education. (Standard 1.4)

Recommendations for improvement

- AA Ensure the Reconsideration, Review and Appeals Governing Policy is easily and intuitively accessible on the public area of the College website, and that the cost structure for applications under the policy is available and widely communicated to trainees. (Standard 1.3.1)
- BB Ensure State Faculties receive the required staff support to undertake their role in implementing the training program at the regional level. In this regard, the College is encouraged to finalise its consideration of implementing a Faculty Support Officer role. (Standard 1.5)
- CC Provide evidence of the effective implementation, monitoring and evaluation of the Reflect Reconciliation Action Plan. (Standard 1.6.4)
- DD Develop and document a schedule for regular review of College structures and functions, policies and procedures and strategic plan. (Standard 1.7.1)

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| 2. The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes) | This set of standards is SUBSTANTIALLY MET |
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Standard 2.1.3 (education provider consults internal and external stakeholders) and standard 2.2.1 (training relates to health care needs of the community) is substantially met.

Commendations

- D The College's educational purpose of setting and promoting high standards of training, education, assessment, professional and medical practice is clearly articulated.
- E The development and implementation of a Reflect Reconciliation Action Plan which is a significant achievement in which the College should take pride.
- F The establishment of the Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee to embed the external perspective in College activities. The governance changes whereby the Community Engagement Advisory Committee and the Aboriginal and Torres Strait Islander Committee report directly to the Board which support the Board's cognisance of community and Aboriginal and Torres Strait Islander health needs and aspirations.

Conditions to satisfy accreditation standards

- 8 When defining the educational purpose, program and graduate outcomes, formally engage trainees, as well as other relevant medical specialties, community representatives, Aboriginal and Torres Strait Islander health organisations, and health funder services, to ensure community perspectives are considered. (Standard 2.1.3)
- 9 Develop and implement a process to ensure the program outcomes are responsive to the health needs of the community. (Standard 2.2.1)
- 10 Develop and implement a formalised approach to regularly assessing needs across rural and regional communities and evaluating the degree to which program outcomes are aligned with these needs. (Standard 2.2.1)

Recommendations for improvement

- EE Develop a whole of entity strategic approach to ensure that the responsibility and actions required for addressing the Reflect Reconciliation Action Plan are equitably distributed across the College and that Aboriginal and Torres Strait Islander Committee members are not overburdened. (Standard 2.1.2)
- FF Develop stronger links with external Aboriginal and Torres Strait Islander stakeholders to access expertise beyond those available from College fellows. (Standard 2.1.3)

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| 3. The specialist medical training and education framework (curriculum framework; content; continuum of training, education and practice; structure of the curriculum) | This set of standards is SUBSTANTIALLY MET |
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Standard 3.1.1 (curriculum framework), standard 3.2.9 (substantive understanding of Aboriginal and Torres Strait Islander health), standard 3.2.10 (relationship between culture and health), standard 3.3.2 (recognition of prior learning), standard 3.4.3 (part-time, interrupted and flexible training) is substantially met.

Commendations

- G The revised curriculum particularly with respect to its educational framework and the content of learning which is comprehensive and aligns well with the specialist role.
- H The progress that has been made to include cultural competency with respect to dermatology disease in Indigenous populations.
- I Refinement of the competencies required for prospective accreditation in the research component of the curriculum.

Conditions to satisfy accreditation standards

- 11 Implement a continuous rolling cycle of curriculum review, including:
 - (i) Implementing mechanisms to monitor its relevance to practice, including feedback from fellows and trainees in Indigenous, rural and regional settings. (Standard 3.2)
 - (ii) Mapping curricular needs to changing practice, for example teledermatology. (Standard 3.2)
 - (iii) Detailing the accessibility to training to cover all curricular components, for example Indigenous populations, cosmetic procedures, lasers and surgery. (Standard 3.2)
 - (iv) Strengthening explicit integration of the training and CPD curriculum. (Standard 3.3)

- 12 Review the Dermatoses of Specific Populations (Skin Disorders of Aboriginal and Torres Strait Islander Peoples) module with experts in the field in order to provide a more rigorous approach to the demonstration of cultural competency with respect to dermatology disease presentation. (Standard 3.2.9 and 3.2.10)
- 13 Clarify the approval process and criteria for recognition of prior learning of the research component of the training program with respect to previous publications and/or equivalent experience to meet requirements and develop a process to provide transparent feedback to candidates when approval is not granted. (Standard 3.3.2)
- 14 Develop an explicit process to accommodate the progression of a competent trainee after a period of unplanned leave. This process needs to be clearly stated in the trainee handbook and explained at the outset of training. (Standard 3.4.3)
- 15 Demonstrate increased flexibility in accommodating variable periods of trainee leave so trainees are not unduly disadvantaged. (Standard 3.4.3)

Recommendations for improvement

- GG In the context of the planned revision of the Code of Conduct, ensure constructive alignment of the professional qualities curriculum, training and assessment. (Standard 3.2.5)
- HH Explore the current process where the trainees enter patient details as part of their activity log to ensure compliance with current privacy regulations. (Standard 3.4 and 5.2)

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| 4. Teaching and learning (teaching and learning approach; teaching and learning methods) | This set of standards is MET |
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Commendations

- J The clarity of the documents supporting the curriculum, and teaching and learning, and the ease with which these documents are accessible on the website.
- K The significant contribution to the teaching and learning experiences of trainees made by the Directors of Training, Supervisors of Training, Clinical Supervisors and Mentors.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- II Continue to develop the suite of online educational resources, aligned to learning objectives and outcomes, to facilitate equitable access to teaching and learning for all trainees. (Standard 4.1.1)
- JJ Continue to engage with relevant stakeholders to ensure equitable distribution of clinical service demands among trainees to support their access to teaching and learning. (Standard 4.2.1)

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| 5. Assessment of learning (assessment approach; assessment methods; performance feedback; assessment quality) | This set of standards is SUBSTANTIALLY MET |
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Standard 5.2.1 (range of methods fit for purpose), standard 5.2.3 (standard setting), standard 5.3.3 (processes for early identification of trainees who are not meeting the outcomes), standard 5.3.4 (procedures to inform employers when safety concerns arise in assessment) and standard 5.4.1 (regular review of quality, consistency and fairness of assessment methods) is substantially met.

Commendations

- L The changes implemented to reduce the burden of assessment for trainees, including the recent replacement of the pharmacology examination with online modules.
- M The use of a patient-based clinical assessment in the Fellowship Examination, supported by the robust development of marking rubrics and examiner protocols to achieve optimal standardisation.
- N The provision of comprehensive individual feedback to candidates who fail the Fellowship Examination and the detailed Chief Examiner's report after each Fellowship Examination available to all trainees and supervisors.
- O The documented, comprehensive, fair and supportive processes for managing trainees in difficulty.

Conditions to satisfy accreditation standards

- 16 In relation to the Fellowship Examination:
 - (i) Develop a plan for increasing the frequency of the examination for all candidates and/or supplementary assessment for candidates who fail a single clinical component. (Standard 5.2.1 and 7.4.1)
 - (ii) Provide appropriate consideration of special circumstances for applicants that are rendered ineligible to sit the examination, as a result of not meeting, for legitimate reasons, the increased number of training weeks required in each of the first three years of training. (Standard 5.2.1 and 7.4.1)
- 17 Implement, document and publicise valid pass/fail standard setting procedures for all examinations, including specific procedural details of how pass/fail decisions are determined for borderline candidates. Methods used must be consistent with current best practice in medical education. (Standard 5.2.3)
- 18 Ensure that all training program resources for supervisors and trainees are updated to reflect the new College governance structure and that all documents are consistent with regard to the Summative In-Training Assessment (SITA) process and the Supplementary Supervision Program (SSP)/Performance Improvement Plan (PIF) for unsatisfactory performance. (Standard 5.3.3)
- 19 Formalise, and make publicly available, the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of trainee assessment. (Standard 5.3.4)
- 20 Develop and document a systematic approach to quality assurance methods with respect to all types of College assessments. (Standard 5.4.1)

Recommendations for improvement

- KK Consider requiring completion of pharmacology modules in the first few months of training. (Standard 5.1.1)
- LL Clarify in the training handbook which assessments are hurdle versus formative requirements. (Standard 5.1.2)
- MM In relation to the Case-based Discussion assessment:
- (i) Consider and document the range of acceptable ways in which the assessment is undertaken to reflect current practice.
 - (ii) Modify the assessment form to make explicit the curriculum content and learning outcomes that relate to the case presented. (Standard 5.2.1)
- NN Consider changing the format for MCQ examinations from multiple true/false questions to one correct answer or extended matching. (Standard 5.2.1)
- OO Consider further standardisation of the Medical Division long case viva using a 'parallel tracks' approach. (Standard 5.2.1)
- PP Review the options and develop a plan for managing the possible increase in the number of candidates sitting the Fellowship Examination. (Standard 5.2.1)
- QQ Release the Chief Examiner's report on the Fellowship Examination in a shorter time frame after the examination to promote reflection on performance by successful candidates. (Standard 5.3.1)

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| 6. Monitoring and Evaluation (monitoring; evaluation; feedback, reporting and action) | This set of standards is NOT MET |
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Standard 6.1 (monitoring), standard 6.2 (evaluation) and 6.3 (feedback, reporting and action) is substantially met.

Commendations

- P The contribution of trainees, graduates and supervisors to monitoring the training and educational processes of the College through a variety of means including surveys, site accreditation, workshops and examination feedback.
- Q The utilisation of monitoring, evaluation and feedback on a case-by-case basis to recognise and improve aspects of the training program. Examples include the changes to pharmacology assessment, views concerning bullying and harassment in the training program and changes to supervisor training.

Conditions to satisfy accreditation standards

- 21 In relation to monitoring, evaluation and feedback:
- (i) Develop a framework for monitoring and evaluating the training program. The evaluation framework should include goals for participation, satisfaction, educational impact, outputs and outcomes.
 - (ii) Establish the governance and operational structures to implement the framework.
 - (iii) Institute regular reporting that describes how feedback has been evaluated, what actions have been taken and whether goals for improvement have been met. This should include plans to distribute results to those who provided feedback. (Standard 6.1, 6.2 and 6.3)

- 22 Implement regular and safe processes for trainees and other stakeholders to provide feedback about program delivery and development, and their perception of the achievement of graduate outcomes. (Standard 6.1.3)
- 23 Implement regular and safe processes for external stakeholders, including consumers, Indigenous peoples, medical specialties and health jurisdictions to provide feedback about program delivery and development. (Standard 6.2.3)

Recommendations for improvement

- RR Engage the Trainee Representative Committee in the development of processes for the provision of trainee feedback to the College and for the distribution of monitoring and evaluation reports. (Standard 6.2.3)

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| <p>7. Trainees (admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes)</p> | <p>This set of standards is SUBSTANTIALLY MET</p> |
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Standard 7.1.3 (increased recruitment, selection and retention of Aboriginal and Torres Strait Islander trainees), standard 7.2.1 (processes and structures to support the involvement of trainees in governance), standard 7.3.2 (clear and accessible information about the program), standard 7.4 (trainee wellbeing) and standard 7.5 (resolution of training problems and disputes) is substantially met.

Commendations

- R The College’s selection process that is designed to achieve merit-based selection through the assessment of qualities identified as desirable in dermatologists. The selection process is applied consistently through the participation of state Faculties in a centralised national process.
- S The proactive recruitment of two current Aboriginal and Torres Strait Islander trainees through dedicated training positions.
- T The efforts undertaken to identify the prevalence of bullying and harassment experienced by members and trainees of the College, and the development of an action plan in response to this which has included providing access to an external Employee Assistance Program to support staff, trainees and members.
- U Trainees are well supported in pursuing opportunities to address individual learning needs.

Conditions to satisfy accreditation standards

- 24 Develop strategies to support the wellbeing of Aboriginal and Torres Strait Islander trainees, recognising the specific needs required and additional challenges faced by this group. (Standard 7.1.3)
- 25 Work with the Trainee Representative Committee to further develop the role of trainees and the Trainee Representative Committee as an integral part of decision making in the College.
 - (i) Ensure trainees are effectively represented on all relevant committees of the organisation.

- (ii) Support the Trainee Representative Chair or designated delegate to attend Board meetings in person.
 - (iii) Review the composition of the Trainee Representative Committee to ensure the views of all trainees are effectively represented, including third and fourth year trainees and post-training candidates.
 - (iv) Provide administrative support to the Trainee Representative Committee. (Standard 7.2.1)
- 26 Proactively communicate with trainees to ensure there is a consistent national understanding regarding training policies and procedures, including options for flexible and interrupted training, and the accommodation of special circumstances and leave. (Standard 7.3.2)
 - 27 Implement and evaluate the 2016 Action Plan to address bullying and harassment. (Standard 7.4)
 - 28 Explore and address factors that contribute to an unsupportive learning environment, for example: the competition among trainees as a result of the of norm-referenced single-point exit examinations; anxiety relating to the lack of access to training placements for post-training candidates; restricted leave allowances; inconsistent and limited access to flexible and interrupted training; and decisions about leave being made in relation to service needs rather than training requirements. (Standard 7.4.1)
 - 29 Create safe, accessible and formally documented internal pathways for trainees experiencing personal and/or professional difficulties to seek advice about appropriate support. This should include, but not be limited to, the development of policy and procedures, consideration of a trainee welfare officer role and appropriate safeguards within these processes. (Standard 7.4.2)
 - 30 Develop pathways through which complaints (as opposed to requests for reconsideration, review or appeal of decisions) are referred to the College and appropriately investigated and resolved. A complaints process must incorporate principles of due process, procedural fairness and support for all parties. (Standard 7.5)

Recommendations for improvement

- SS Update the CV assessment criteria on the College website to ensure it reflects the most up-to-date information available. (Standard 7.1.2)
- TT Consider supporting the Trainee Representative Committee Chair to consistently attend board meetings in person. (Standard 7.2.1)
- UU Implement processes to ensure that trainees who may have to relocate for placements receive their allocations with sufficient time to make necessary arrangements. (Standard 7.3.3)

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| <p>8. Implementing the program – delivery of educational and accreditation of training sites (supervisory and educational roles; training sites and posts)</p> | <p>This set of standards is SUBSTANTIALLY MET</p> |
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Standard 8.1.3 (facilitates training, support, and professional development of supervisors), standard 8.1.4 (evaluates supervisor effectiveness), and standard 8.2.2 (support training and education opportunities in diverse settings) is substantially met.

Commendations

- V The College's development of a robust and dedicated network of Directors of Training, Supervisors of Training and Clinical Supervisors, each performing a crucial role in the training and assessment of trainees.
- W The College's clear and detailed documentation articulating the requirements and processes related to training site accreditation.
- X The College's successful and ongoing utilisation of alternative sites for training, especially private settings and overseas posts.

Conditions to satisfy accreditation standards

- 31 Develop and implement a comprehensive suite of resources with compulsory core elements for the training of supervisors, including but not limited to, finalising and implementing the College's planned new supervisor development course. (Standard 8.1.3)
- 32 Develop and implement a process for evaluating the performance of supervisors including a mechanism for the provision of feedback to supervisors. (Standard 8.1.4)
- 33 Increase opportunities for dermatology trainees in all regions to gain relevant experience in settings for provision of care to Aboriginal and Torres Strait Islander peoples. (Standard 8.2.2)

Recommendations for improvement

- VV Create position descriptions for Directors of Training, Supervisors of Training and Clinical Supervisors which include a consistent process for their appointment, and which also detail processes to ensure that supervisors who are not fellows of the College maintain currency of knowledge regarding the training program and its assessment. (Standard 8.1.3)
- WW Develop alternative methods of gathering information from sites for the purposes of accreditation. This could include developing a survey for trainees and supervisors to gather anonymous feedback. (Standard 8.2.2)
- XX Review the composition of accreditation teams to include trainees and consider how the accreditation process can incorporate external stakeholders such as consumers and jurisdictional representatives. (Standard 8.2.2)
- YY Audit accredited sites to ensure that all trainees are engaged under the relevant industrial awards. (Standard 8.2.2)

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| 9. Continuing professional development, further training and remediation (continuing professional development; further training of individual specialists; remediation) | This set of standards is MET |
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Standard 9.3.1 (respond to requests for remediation) is substantially met.

Commendations

- Y The major advances achieved in the provision of CPD resources, including the diversity of activity options and the user-friendly online portal, supported by a comprehensive CPD Handbook.

Conditions to satisfy accreditation standards

- 34 Articulate and implement a policy and procedure applying to practitioners who require remediation for not performing to expected standards, or who are formally referred by regulatory bodies or other sources for revalidation and up skilling. This policy and procedure should be separate from CPD underperformance, recency of practice and return to practice policies and procedures. (Standard 9.3.1)

Recommendations for improvement

- ZZ Review the minimum requirement of annual CPD activity points of only six points each (out of a total 100 points per annum) for the Quality Assurance and Professionalism categories to ensure fellows receive appropriate encouragement to undertake CPD activities in these important areas, with sufficient focus on self-reflection and professional skills development. (Standard 9.1.3)
- AA1 Continue to develop a robust and balanced CPD suite of activities tailored to the needs of, and user-friendliness for, both public and private dermatology practice needs, consistent with the likely directions of the Medical Board of Australia revalidation framework. (Standard 9.1.5)

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| 10. Assessment of specialist international medical graduates (assessment framework, assessment methods; assessment decision; communication with specialist international medical graduate applicants) | This set of standards is MET |
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Standard 10.2.2 (procedures to inform employers where patient safety concerns arise in assessments) is substantially met.

Commendations

- Z The clear documentation and web resources that underpin the College's assessment of specialist international medical graduates and the contribution of the College staff who provide additional support to specialist international medical graduates during the process.

Conditions to satisfy accreditation standards

- 35 Formalise and make publicly available the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of specialist international medical graduate assessment. (Standard 10.2.2)

Recommendations for improvement

- BB1 With regard to training sites for those specialist international medical graduates assessed as partially comparable:
- (i) Clearly communicate the change in policy which permits these doctors to look for an accredited training site.
 - (ii) Provide details of the College's processes for facilitating timely accreditation decisions regarding a potential training location which is identified by the specialist international medical graduate but which is not yet accredited by the College. (Standard 10.3.3)
- CC1 Address the workforce pipeline issue relating to specialist international medical graduates being placed on wait lists to access suitable accredited training positions. (Standard 10.3.3)

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. The AMC and the Committee of Presidents of Medical Colleges established a working party 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.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The AMC is the accreditation authority for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act 2009* makes the accreditation of specialist training programs an essential element of the process for approval of all 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.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards. The new accreditation standards apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

Assessment of the programs of the Australasian College of Dermatologists

The AMC first assessed the training, education and continuing professional development programs of the Australasian College of Dermatologists (ACD) in 2007. On the basis of this assessment, the AMC granted accreditation to the College and its programs for three years, until December 2010. In June 2010, at the request of the College, and having considered the College's progress, the AMC extended this accreditation by 12 months.

The College underwent a follow-up assessment in 2011, with AMC Directors granting accreditation until December 2013. Fourteen conditions were set on this accreditation.

In 2013, the AMC assessed the College's comprehensive report for extension of accreditation. The College was found to be meeting the accreditation standards and had addressed 10 of the 14 conditions set in 2011. On the basis of the comprehensive report, the AMC extended the accreditation until December 2017, taking accreditation to the full period of 10 years.

Between accreditation assessments, the AMC monitors developments in education and training and professional development programs through progress reports. The College has provided progress reports since its accreditation in 2007. These reports have been reviewed by a member of the AMC team that assessed the program, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. Through these reports, the AMC has been informed of developments in the College's educational strategy, and education and training policies and programs. The AMC has considered these reports to be satisfactory.

In 2016, the AMC began preparations for the reaccreditation assessment of the College's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Associate Professor Jenepher Martin, to chair the team undertaking the 2017 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Australasian College of Dermatologists; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided at Appendix 1.
- The team met on 1 and 2 June 2017 to consider the College's accreditation submission and to plan the assessment.
- The team met ACD office bearers and senior education staff on 2 June 2017. The AMC gave feedback to the College on the team's preliminary assessment of the submission, the

additional information required, and the plans for visits to accredited training sites and meetings with College committees.

- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed overseas trained specialists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met by teleconference on 21 August 2017 to finalise arrangements for the assessment.
- The team held meetings during the College's Annual Scientific Meeting in Sydney in May 2017 and conducted site visits in Melbourne, Adelaide, Brisbane and Sydney in August and September 2017. The AMC held teleconferences with trainees and supervisors in Western Australia, the Australian Capital Territory and regional and rural locations.

The assessment concluded with a series of meetings with the College office bearers and committees from 4 to 7 September 2017. On the final day, the team presented its preliminary findings to College representatives.

Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix 2.

Summaries of the program of meetings and visits for this assessment are provided at Appendix 3.

1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

The Australasian College of Dermatologists (ACD) is the specialist medical college that conducts the training, education and continuing professional development (CPD) programs required for registration as a specialist dermatologist in Australia.

The College was established in 1966, developing from the Dermatological Association of Australia, which had existed from 1947. The College structure included regional 'Faculties' from the outset, including the New Zealand Faculty (dissolved in 1986). The College is a company limited by guarantee.

The College states its mission as:

- 'To lead the achievement of first class dermatology care and skin health for our communities
- College is the leading authority in Australia for Dermatology but has an opportunity to be a key leading body in dermatology in the Southern Hemisphere and grow its influence globally.'

The College vision is 'To be a well-respected leader in the Asia-Pacific region for dermatological training, continuing education; scientific advancement and advice.' The underlying guiding values espoused by the College are leadership, professionalism, integrity, progressive, inclusiveness, accountability and responsibility.

The College identifies four strategic pillars which are 'service to community', 'education', 'service to members' and 'organisational excellence'.

In addition to AMC accreditation, the College also has ISO9001:2008 certification, Higher Education Provider status with the Tertiary Education Quality Standards Agency, and Registered Training Organisation status with the Australian Skills Quality Authority.

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.

As of 2017, the College has 550 Fellows, 130 Trainees and 43 Associate Members. These numbers include specialist international medical graduates. Associate Membership is awarded by the

Board of Directors to non-dermatologists having made significant contributions to dermatology for mutual benefit.

The Board of Directors is responsible for overseeing College affairs and is appointed in accordance with the 2015 College Constitution. The current regulations of the College set out the rules of conduct linked to clauses in the Constitution, and were approved at the February 2017 Board meeting. In the regulations, the key governance documents of the College are defined as (i) the Constitution, (ii) the Regulations and (iii) Policies. The Constitution sets out the objects of the Colleges as:

- advance education, training and research in the practice of dermatology
- determine and maintain professional standards for the practice of dermatology in Australia and New Zealand
- support scientific research in the field of dermatology
- educate the public and other healthcare professionals about dermatological matters
- provide an environment promoting fellowship, development and support
- provide authoritative advice, information and opinion to other professional organisations, to governments and to the public.

The current Chief Executive Officer of the College was appointed in 2014, prompting the adoption of a revised strategic plan in May 2015 and a reconsideration of the governance structure. Initial steps completed to date include the adoption of a new Constitution (December 2015) and approval of associated Regulations (February 2017). The Policy Framework and related Procedures are aligned with the College strategic pillars. The College governance is currently in transition to a seven-member skills-based Board of Directors and new committee structure reflecting community-focused input, organisational governance, and member input. Of note, the Trainee Representative Committee reports directly to the Board in the new structure. The new structure is shown at Appendix 4. The governance committees and subcommittees in the new structure include the principal committees responsible for the education and training activities of the College as shown at Appendix 5.

For education and training, the following committees manage assessment, research and CPD activities in the new structure:

- **Academic Standards Committee** and its relevant subcommittees, being Academic Research Committee, National Accreditation Committee, National Examination and Assessment Committee, National Training Committee. Under its Charter, the Academic Standards Committee oversees the College training and education programs with respect to strategic alignment, policy implementation, development/implementation and evaluation, teaching/learning/assessment and research standards, and accreditation of training positions and sites. The membership includes the Dean of Education, Chairs of related subcommittees, a representative of the Trainee Representative Committee, a fellow with educational expertise and two external members with educational expertise.
- **Professional Standards Committee** and its relevant subcommittees, being CPD and Revalidation Committee, Selection Committee and IMG Committee. Other Professional Standards subcommittees are the Editorial Committee, College Conduct Committee, Mohs Committee, and Pre-eminent Academic Assessment Committee. Under its Charter, the Professional Standards Committee has responsibility in the areas of professional standards of conduct for members and trainees, professional development of members, legal and ethical standards, setting standards for clinical practice and protecting the public interest. The membership includes a 'fellow of standing', a College Director, Chair of the former Ethics Committee, two fellows with demonstrated interest/experience in matters relevant to the committee role, one external advisor in ethics or professional conduct, and one community member with representative experience.

- **Representatives Committee** formed in May 2016 is responsible for engaging with the jurisdictions on issues central to dermatology, assisting the College with workforce planning, and dealing with membership issues occurring at the state level including training, education and health service delivery. The College reported that the new Representatives Committee was a logical necessity having moved away from the five State-based and elected Board of Directors as described above.

Under the new regulations, the Board and each committee will have charters outlining duties and responsibilities. Development of charters to replace terms of reference is currently in progress. Position descriptions for Committee Chairs are to be developed.

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 its own small committee that advises the Board on the affairs of the College within that Faculty. In the new governance structure this is through the Representative Committee. The Chair and one other member of each Faculty (often the Chair-elect) are members of the Representative Committee. The Faculty each appoints a regional Director of Training (DoT) and State Examiner. Faculties may, or may not, form an Executive Committee. Each Faculty under its own bylaws may, or may not, include the DoT and/or State Examiner as a member of an Executive Committee so formed. The 2017 regulations set out the responsibility of the Faculties to implement the training program at the regional level, and to work with state/territory health jurisdictions and private providers to effect this. In addition, Faculties are charged with monitoring workforce adequacy and providing advice on meeting community needs including for Indigenous, rural and remote populations. The College does not maintain a regional office or administrative support structure. Faculty funds are held in designated Faculty bank accounts administered by the College finance staff.

Regional DoTs are members of the National Training Committee. At the regional level, DoTs liaise with hospital heads of department and Supervisors of Training (SoT). The College designates DoTs as the key regional contact for trainees and for other training matters. The National Training Committee is responsible for ensuring consistency of the training program across regions. State Examiners are members of the National Examination and Assessment Committee, and the role of this committee is further discussed under Standard 5.

The College has identified pathways by which it will involve relevant groups in decision making about education and training. The College states that 'trainee representation in education decision making is facilitated by trainees being in attendance on various education committees including the National Accreditation Committee, Teaching Learning and Curriculum Committee and Aboriginal and Torres Strait Islander Committee' and 'the Chair of the Trainee Representative Committee (TRC) attends the National Education Committee'. In addition the Chair of the TRC or delegate is invited to attend the Board meetings as an observer. The Community Engagement Advisory Committee (CEAC) and Aboriginal and Torres Strait Islander Committee, while not within the education governance structure, report to the Board and are well placed to provide advice relevant to College education and training.

In the College Constitution, the requirement for Directors to declare any conflict of interest with regard to any matter relating to College affairs is clearly set out, including that Directors must exclude themselves from consideration of such matters unless permitted by law. The College Code of Conduct mentions the importance of fellows identifying general conflicts of interest. The College Conflict of Interest Policy clearly identifies that committee members declare any potential conflict of interest, and further precludes participation in education committees if a relative is currently in the training program. Current College regulations make provision for members of the College or the public to raise concerns with the Board regarding a perceived conflict of interest of a College committee member.

1.1.1 Team findings

The team was impressed by the progress made in reforming College governance in a short period of time, noting that the transition is not yet complete, and acknowledges the role of the current CEO in achieving the changes to date.

Significant positive changes include: the move to a smaller skills-based Board with external Directors; alignment of the simplified committee structure with the College strategic pillars; reporting lines for all committees to the Board; and direct reporting of the Trainee Representative Committee, Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee to the Board.

While a number of the key committees involved in education governance remain essentially unchanged in the new structure, the transition does involve significant changes for all committees. These include different reporting lines in many instances, the replacement of terms of reference with charters, position descriptions that set out the responsibilities for committee Chairs, and changes to the composition of some committees including the appointment of external members with specific expertise.

Despite the approval of College regulations with respect to State Faculties in early 2017, the team observed that there is variable understanding at the Faculty level of the current formal remit of the Faculties. The team met with dermatologists from each Faculty during site visits and determined that the new governance structure of the College is not yet well understood by the membership. The team heard the view expressed that the old Council structure is preserved in the Representatives Committee with the Board responsible for operational matters, suggesting that further communication about the new governance structure to members is required. While Faculty members understand that the training program is to be implemented at the regional level by the Faculties, and that Faculties appoint both the Director of Training and the State Examiner for the region, there is less universal understanding of the College education governance, and that this is quite separate to trainee employment. Some of the issues arising for trainees due to this lack of clarity are further described under Standard 7.3. The team formed the opinion that a formal State Training Committee for each Faculty, comprising SoTs and the State Examiner and chaired by the DoT, may be beneficial. In addition, the Faculties must be visible in the education governance diagram. It is noted that the regulations are not prescriptive with respect to the Faculty Executive Committee membership as well as the inclusion of the DoT and State Examiner on the Committee.

While it is a positive step for the Trainee Representative Committee to report directly to the Board, further development of the representational function of this committee is required. This should include a formal charter, appropriate central secretariat support and professional development for trainees in representational, leadership and governance roles. The purpose and role of the trainee representative attending Board and other committee meetings could be defined and further developed. Attendance of trainee representatives at Board and committee meetings should be consistent and to achieve this, the College will need to facilitate time release from employment responsibilities. The team considers that there are significant benefits for the College in ensuring the full participation of trainees in education decision making.

The team considers the College needs to complete the transition to the new governance structure as soon as is practical. This includes recruiting and appointing planned external members of the Board and committees, ensuring the governance structure for education is clear at the Faculty level and appears on the College governance chart, writing charters for all committees and position descriptions for committee Chairs.

The team recommends that the College effectively communicate the new governance structure throughout all levels of the College, including all committee members so that reporting lines and functions are clearly understood. It is recommended that the College also develop a

communication strategy for the wider membership of the College to ensure the governance changes are understood.

1.2 Program management

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
 - setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
 - setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
 - certifying successful completion of the training and education programs.

Within the new governance structure outlined at appendix 1, oversight of the College's education and training is the responsibility of the Academic Standards Committee and the Professional Standards Committee along with their respective subcommittees.

There are four subcommittees of the Academic Standards Committee which principally govern the specialist training program:

- National Training Committee (NTC), responsible for planning and evaluation of the training program and for overseeing its implementation at the regional level. Relevant policies are developed and reviewed as required by this committee. Each regional DoT is a member of the NTC.
- National Examination and Assessment Committee, responsible for assessment policy for the training program and for the final fellowship assessments. The membership comprises the State Examiners, the Chief Examiner and the Procedural Examiner.
- National Accreditation Committee, responsible for accreditation of training sites.
- Academic Research Committee, responsible for overseeing the research requirements of the training program and for determining the outcome of trainee requests for recognition of prior learning for these.

This new structure has evolved from the previous National Education Committee and a number of its subcommittees: Teaching Learning and Curriculum Committee, National Accreditation Committee, National Training Committee, National Examinations Committee.

As discussed under standard 1.1, implementation of the training program occurs at the regional level, with the DoT appointed by the regional Faculty being the direct line of communication with and represented on the National Training Committee. Each training position has a designated Head of Department (HoD) with specific responsibilities related to the training program including provision of support for site implementation and appointment of Supervisors of Training (SoT) in consultation with the DoT. In addition, HoDs advise trainees regarding employment or human resources issues that arise. Each trainee has a designated SoT for each rotation who is responsible for liaising with the DoT, HoD, clinicians and service providers in public and private with regards to the program for the trainee, including in-training assessment and management of trainee progression. Clinical Supervisors (CS) at each training site, appointed by the SoT, participate in teaching, supervision and in-training assessment as part of their day-to-day practice. The supervisor roles and responsibilities are described under the College's Supervision Positions Policy and ACD Training Program Handbook. Further detail regarding supervision is discussed under standard 8.

The Professional Standards Committee has responsibility for the governance of the continuing professional development (CPD) program, specialist international medical graduate (SIMG) assessment, and for entry into the specialist training program. The relevant subcommittees are:

- CPD and Revalidation Committee
- IMG Committee
- Selection Committee.

Charters for the subcommittees of both the Academic Standards Committee and the Professional Standards Committee are yet to be developed to replace current terms of reference.

1.2.1 Team findings

The College's new governance structure maintains the appropriate structures for the management of its specialist training program, CPD program and assessment of specialist international medical graduates. Appropriate committee functions include program planning and implementation, policy setting and evaluation. While the College's accreditation submission provided explicit detail for the most part of how important functions of committees under the previous governance structure map to the new committees, there is still some lack of clarity which should be resolved as Charters are developed for all committees. For example, the previous National Education Committee was responsible for certifying trainee completion of requirements for award of fellowship and the charter of the Academic Standards Committee does not include this certification in the responsibilities of the committee. It will be important that, as charters for all committees are developed, there is careful mapping and cross-referencing to previous terms of reference to ensure all functions are transitioned to the new structure.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

The College has recently revised its Reconsideration, Review and Appeals Governing Policy and Governing Procedure. The revised policy and procedure are publicly available on the College website. The policy and procedure are applicable to all members and trainees, all applicants for the College specialist training program including specialist international medical graduates, and any person enrolled/aiming to enrol in a College education course or program. The policy and procedures are conducted in accordance with the principles of procedural fairness as set out in the Procedural Fairness Governing Policy.

Applications for reconsideration, review or appeal of decisions are made to the Chief Executive Officer on the prescribed form. In general, reconsideration and review of a decision are required prior to formal appeal. The policy clearly sets out which decisions may be reconsidered, reviewed or appealed and the limitations to the decision-making authority of Review Committee and Appeals Committee. The acceptable grounds for appeal are defined. Applications under this policy are accepted for action once reviewed by the Honorary Secretary, who confirms that the application establishes prima facie grounds for reconsideration, review or appeal. There is no fee for reconsideration or review of decisions under this policy. The fee for appeal proceedings to commence is currently \$5,000 and this is refunded if the appeal is upheld.

Reconsideration is by the original entity making the disputed decision and may result in affirmation, variation, or setting aside of the decision, with a subsequent new decision. At the review stage a panel is convened comprising two ACD fellows, one with expertise in the area of

practice relating to the disputed decision, and the President-elect or nominee. The panel members must not have been involved in the original decision. A review panel may affirm, vary or set aside the original or reconsideration decision. When a review panel sets aside a decision it may either refer the matter to the original decision maker with recommendations, or may make a new decision. Applicants do not attend, or make oral submission to, reconsideration or review meetings.

Formal appeals are conducted by a five-member Appeals Committee, designated an ad hoc committee of the College Board. The Chair is an appropriately qualified non-member of the College. The other committee members are two people who are not College members, and two College fellows who have expertise relevant to the appeal and were not involved in any decision to which the appeal relates. The procedures relating to the conduct of appeal hearings are described in detail. An appellant may request to be accompanied by a legal representative who acts as advisor in the process.

The College's accreditation submission documents small, but increasing numbers of requests for reconsideration of decisions. The numbers of formal appeal requests are also low, with only one proceeding in the previous six years. There is no documented process for reviewing and evaluating cases of reconsideration, review or appeal to identify possible systemic issues.

The College does not have an avenue to receive, investigate and resolve any complaints and grievances that fall outside of the reconsideration, review and appeals policy and procedure. The College submission notes that findings of the recent survey concerning bullying and harassment suggest this should be addressed.

1.3.1 Team findings

The revised reconsideration, review and appeals policy and procedure are both robust and comprehensive and the College is commended for this. Linking the procedural fairness policy with these is also laudable. The team notes however that these policies may not be intuitively accessible on the College website to all people who may want to access them. A key word search on the College home page brings up results that suggest the policy is only accessible to members, when in fact it is publicly navigable via the 'For College Members' tab. In the College's feedback on the draft report in December 2017, it advised that the policy and procedure is available via the 'training and education tab' on the College's public website but was incorrectly labelled. The College has now renamed the website link to reflect the correct title of the documents.

The revised policy for reconsideration, review and appeal of decisions relating to the training program provides an appropriate three-step process, with costs associated only with the final appeal step. However, widespread misunderstanding about the costs of reconsideration, review and appeal processes was apparent in discussions with trainees and others and it was not well understood that there is no cost for reconsideration and review of decisions, and this may be a disincentive for people to request these. The College is encouraged to widely publicise the current policy and procedure to ensure trainees have a clearer understanding of the process.

Although the absolute number of formal appeals is very low, there is early evidence of increasing applications for reconsideration and review of decisions. Therefore, review and evaluation of de-identified cases of applications under all three steps of the policy would have the potential benefit of identifying systemic issues for further consideration. The College is expected to address this issue.

The team concurred with the College's view in the submission that the provision of a separate complaints pathway is needed. This is elaborated further under Standard 7.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

The College education staff profile has been developing over a number of years to provide a range of education expertise and skills for College programs. Current staff have experience and expertise in higher education, the vocational training sector, instructional design, e-learning software, academic writing and project management. The recruitment of staff with this skill mix is intended to support the College's role as a higher education provider (HEP) in addition to the provision of specialist training in dermatology and other courses. Led by the Director, Education Services, staff provide support to the education committees and to the individual fellows involved in the work of those committees.

External review and evaluation of specific aspects of the College's training program has been commissioned from time to time. The College has indicated that it intends to continue appropriate and targeted use of such external input. External consultants with appropriate expertise have also contributed to the development and implementation of the College selection process.

In the new governance structure both the Academic Standards Committee and Professional Standards Committee include external members under their charters. These committees are not yet fully constituted, with recruitment of some external members pending. The College has indicated it is considering the appointment of external members with educational expertise to the key education subcommittees of these two committees.

A number of factors promote the development of educational expertise in fellows. Many fellows are associated with university teaching programs in addition to their involvement in the College training program, and may gain experience in curriculum design and implementation at the undergraduate level. A Certificate IV in Training and Assessment was previously available to fellows of the College who wanted to increase their education knowledge; it has been discontinued in 2017. Supervisors and examiners are encouraged to complete relevant online modules provided by the College, and the College has indicated that it plans to apply for accreditation of a new course in 2017/18.

The College has collaborative relationships with a number of other education providers. These include workshops with the Skin and Cancer Foundation, Mole Map to develop a certificate in melanography for nurses, and the development of the Online Undergraduate Dermatology Modules with the University of Sydney. College staff are active participants in the Network of Medical College Educators (NMCE).

1.4.1 Team findings

The team was impressed by the College's deliberate and strategic approach to education staff recruitment. The depth and breadth of educational expertise of the staff who met with the team was obvious, and reflected in the recent development of curriculum materials including online resources. The intended outcome of this staff recruitment is to ensure capable educational professional support for fellows, committees and the Board in meeting the College's education objectives. The Director of Educational Development, Planning and Innovation (now retired) led the education staff in the preparation of a successful application to the Tertiary Education Quality Standards Agency (TEQSA) for recognition of the College as a Higher Education Provider. This position has now been replaced by the Director Education Services role.

The development of educational expertise among fellows is currently limited. Fellows who hold key positions in educational governance, including the Dean of Education, are not required to

have formal education qualifications, at or above certificate level. Supervisors who had undertaken the Certificate IV in Training and Assessment spoke positively about the course and considered that they had increased their knowledge about and standard of practice in education as a result. The discontinuation of the Certificate IV program by the College leaves a gap in the College provision of professional development for fellows who are educators, including those in key leadership positions. Enabling fellows who hold key education portfolios to undertake professional development in medical education would be of benefit. Details of the new faculty development course planned for 2017/18 will be of interest in progress reports to the AMC.

Through the NMCE the College education staff have the opportunity to collaborate and share information with other Australasian specialist medical colleges. This is seen as positive by the Director of Education.

The College has accessed external expertise when required in relation to trainee selection, curriculum development and assessment, and there was clear acceptance of this approach on an 'as needed' basis. The planned appointment of external members to key education committees, and the establishment of both the Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee are also positive developments to strengthen the contribution of those with external perspectives and expertise to the education program, embedded within the College governance structure. At the time of the visit, a number of external appointments to committees were pending, Charters for committees were yet to be written, and some committees were still in the formative stage in the new governance structure. Full implementation of the governance structure is required to achieve the maximum benefit of embedded external expertise for the College.

There is scope for the College to take a more deliberate approach to collaboration and benchmarking across the specialist medical education sector. The recent 'desk audit' of similar programs undertaken by the College in the context of the curriculum review is a positive example of benchmarking. The College does not have formal plans to continue with benchmarking and comparative evaluation against other specialist training programs in Australia and overseas, although this could be considered as part of a larger education evaluation plan. In addition, there are a number of important areas where collaboration across the sector is essential to achieve cultural change and best practice in education, for example, in responding to the prevalence of bullying and harassment in medical education and practice settings which has been identified in surveys undertaken by multiple colleges. The College could also take a more deliberate approach to collaborating with specialist dermatology training bodies in other countries.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

Formal budget allocation for the training and education programs of the College is reviewed and signed off by the Board on a yearly basis. Fees for the specialist training program and other education courses are now set at a level to fund those educational activities with limited cross-subsidy from other sources. The College identifies the key resources in education as staff, a learning management system (LMS), and IT systems to support learning including the necessary databases.

The College education staff are located in the Sydney office and comprise three teams: Academic; Administrative; and IT. The Academic team is responsible for managing the training program, education for fellows and non-fellows, and CPD requirements. The Administrative team comprises three staff members and supports the training program, and the IT team manages the

website, the Trainee Online Portfolio (TOP) and the LMS. There are no regional College staff to support the implementation of the training program at this time, however the College's accreditation submission indicates that regional Faculty Support Officer positions are being actively considered.

Over the past four years, the College has made a considerable investment in the IT platforms that support its education programs, and has taken a progressive renewal approach to the material on the LMS. The new TOP was implemented in mid-2016, replacing paper-based portfolios, and the College website and back-end databases have been redesigned during the period 2014–2016.

1.5.1 Team findings

The College has recognised, and responded actively to the need for updated IT support for its education and training programs and more general functions. This investment has provided greater functionality of systems, powerful and connected databases behind the education interface, and enhanced user experience of the LMS. There are plans for further development of online learning resources and the College recognises that this is a resource-intensive endeavour. Collaboration, and sharing of resources, with other specialty medical colleges, universities and other content-relevant organisations would be a cost-effective strategy to achieve this development.

The team commends the College on the staff profile in support of education and training. Trainees, specialist international medical graduates, fellows and others consistently praised the availability of College staff to assist with enquiries about the training program, policies and procedures. Individual staff members were mentioned by name in their areas of expertise. The team found the professional staff involved in College education administration, development and implementation to be well qualified, enthusiastic and committed to a high-quality education program, and that the College demonstrates a commitment to continuing to develop the staff profile in support of education and training.

The completion of the curriculum review was a major project for College education staff. Resources are now being allocated to projects related to other education activities of the College, however it is important that support required for the College training program is monitored and maintained. The College, having achieved recognition as a Higher Education Provider will have compliance and reporting requirements associated with this status, as well as plans for course development such as the Masters of Dermatology and the new Faculty development course. Additional education staff may be required as initiatives in this area move forward, and the College is encouraged to ensure staffing support for the specialist training program, specialist international medical graduate assessment and CPD remains adequate.

A key resource for all specialist medical colleges is the fellows who actively engage with and support the training program. The implementation of the College's training program relies on the regional Faculties to a large extent, however the education support staff are currently centralised at the Sydney College office. The increasing complexity of the training program and an increasing number of trainees, increases the demands on fellows involved in training, particularly the DoTs and SoTs. In the face of increasing demands, the current centralised staff support structure may not be sustainable or entirely fit for purpose. The College is therefore encouraged to further progress any plans for regional Faculty Support Officers.

1.6 Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

Society, government, relevant organisations and communities

The College, through its Faculty chairs has regular interaction with state/territory health jurisdictions. Faculty chairs are expected to represent the interests of the College, advocating for dermatology service provision and training opportunities when required. Recent examples of advocacy in these areas relate to health service restructures in Western Australia, South Australia and Queensland. These high-level advocacy activities are supported by the College centrally. The College is also active in workforce planning with jurisdictions, providing detailed reports as required to facilitate this. At the federal level, work with the National Medical Training Advisory Network to clarify workforce needs and the barriers to achieving these is expected to result in increased training capacity. Training in private settings has been enabled by the Australian Government Specialist Training Program funding scheme, and the College continues to actively seek this support. The College contributes expertise as required to other government groups such as MBS Review Clinical Taskforces, the Pharmaceutical Benefits Scheme, the Therapeutic Goods Administration, and the National Blood Authority.

A number of collaborations with other organisations contribute to the provision of high-quality dermatology care by non-dermatologist health professionals. These include the Certificate of Primary Care Dermatology with the Royal Australian College of General Practitioners, the current development of a Certificate of Melanography with Mole Map, and ongoing work with the Australian Dermatology Nurses Association. In addition, the College works with the wider healthcare community including the NHMRC and AMA, contributing to more generic practice guidelines. The College provides links to relevant guidelines on its website for members and trainees.

The Community Engagement Advisory Committee (CEAC) has recently been established as part of the governance reforms. Through the activities of this committee, the College intends to further develop community input into training and education.

The College website includes a number of useful resources for the general community about dermatology, dermatological services in Australia, and the College's engagement with patients and the wider community. This is discussed further under standard 2.

Training sites

The majority (80%) of the College's training sites are public hospitals, with the remainder being private hospitals, skin and cancer foundations, private practices and a number of overseas posts in the United Kingdom and Singapore. For many trainees, a particular rotation may involve attending multiple sites each week, while employed by one organisation.

Formal College interaction with training sites occurs during the accreditation process conducted by members of the National Accreditation Committee supported by College staff. The standards for accreditation provide the framework for clinician involvement with education and training at sites. Heads of Departments work closely with Directors of Training and Supervisors of Training and health service management to facilitate the education, training and professional development at each training site. The College provides a number of online resources for professional development of clinicians in trainee supervision and teaching, and also the online National Skin School for trainees.

Indigenous health sector

The College's work with the Indigenous health sector has been principally through: service provision by individual fellows and trainees in a number of regions; the establishment of two training positions for Indigenous doctors; and the development of an online education resource for Aboriginal and Torres Strait Islander Health workers. The recent approval of the College's Reflect Reconciliation Action Plan lays the foundation for progress towards effective relationships and partnerships with individuals, organisations and local communities in the Indigenous health sector. The College's Aboriginal and Torres Strait Islander Committee reports to the Board in the new structure, with responsibility for strategy to increase engagement with Indigenous peoples and communities, and to develop education resources for fellows and trainees about Aboriginal and Torres Strait Islander peoples.

1.6.1 Team findings

The College engages with government at the state and federal level on a range of issues through various avenues. The team was impressed with the positive collaboration with the jurisdictions (via the Faculties) to identify opportunities for an increased number of training positions. The new governance structure promotes input to College decision making from community representatives and Aboriginal and Torres Strait Islander peoples. There are also multiple examples of College engagement and collaboration with other organisations, health professions bodies, communities and consumers to promote high-standard dermatology care in Australia.

At the regional level, the Faculties are key to these relationships. Under College regulations, the Faculties are required to 'represent and promote the College in its activities and dealings at State/Territory level', and discussions with Faculty representatives confirmed that this is happening. This Faculty remit is wide ranging and includes implementation of the training program, providing advice to regional government about the workforce required to meet community needs, overseeing rural outreach programs and securing funding for these, providing advice to jurisdictions about the impact of legislation on dermatology care, and maintaining the important relationships with other relevant organisations. What is less clear is the role of the College in formally supporting these activities through the provision of professional support staff or other assistance. In its accreditation submission, the College reported that it 'stays in close contact to determine whether its presence is required to provide additional support. In addition, as the College is based in NSW, the College is well placed to liaise with NSW Health directly, providing an additional layer of support to the NSW Faculty leadership.' While it is reassuring that the College provides additional support where required, the team expressed concerns that this central support may be more available for the NSW Faculty than others simply because of the convenience of geography. State Faculties are also critical to the College's relationship with training sites for the implementation of the training program, and consideration should be given to establishing formal training committees at the Faculty level to contribute to clarity regarding the separation of training governance and management from relationships with training sites through Heads of Department.

Productive initiatives have resulted in collaborative development of a number of education packages for other healthcare professions and general practitioners, medical school education resources and information for community members including patients and their carers. These resources are an important mechanism by which the College demonstrates its leadership in the specialty of dermatology.

The team met with both the Community Engagement Advisory Committee (CEAC) and the Aboriginal and Torres Strait Islander Committee and congratulates the College on establishing and further developing these bodies to directly advise the Board on relevant issues. Each of these committees will require finalisation of a charter in the near future to clarify their roles and responsibilities in undertaking this important work for the College. As each of these committees becomes established, the College should carefully consider their membership to ensure adequate

representation of the Australian population including Indigenous, rural and remote people. Of note, the CEAC currently has a majority of members resident in NSW.

The team commends the College on gaining approval of the Reflect Reconciliation Action Plan and will be interested in progress against this plan in the next twelve months. This is also discussed under standard 2.

1.7 Continuous renewal

The accreditation standards are as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

The College has recently reviewed its governance structures and processes, as described under standard 1.1. The College is currently in transition to a new governance structure, including changes to education governance. There is a schedule for regular review of College policies, including those relating to the education and training, with plans for an out-of-cycle review as the new structure is embedded.

The College strategic plan sets out goals for College education and training and guides the priorities for the annual work plan developed by the Director of Education in consultation with the CEO. Resources are then allocated accordingly. The College strategic plan is reviewed and refreshed on a regular basis.

1.7.1 Team findings

The team is satisfied that the College meets this standard. The appointment of the current CEO in 2014 resulted in an intensive period of review and reconsideration of College governance structures and processes. The College Strategic Plan was also rapidly revised with input from the College Board. The College recognises the need for wider consultation when the strategic plan is next refreshed. The College is encouraged to develop and document a schedule for regular review of its structures and functions, policies and procedures and strategic plan.

Commendations

- A The new governance structure, in the final stages of formation and transition, is a positive reform, particularly the move to a small skills-based Board, and direct reporting pathways for all principal governance committees to the Board. The new governance structure gives appropriate priority to the College's educational role, while also acknowledging the other strategic pillars of the College.
- B The effective engagement of fellows at the regional level through the State Faculties in implementing the training program, including identification of suitable training positions and the delivery of formal teaching.
- C The College's commitment to continuing to develop in a deliberate and strategic manner the staff profile in support of education. The professional staff involved in College education administration, development and implementation are well qualified, enthusiastic and committed to a high-quality education program.

Conditions to satisfy accreditation standards

- 1 Fully implement the new governance structure, including: developing charters for all committees and position descriptions for committee chairs; recruiting and appointing external members to the Board and committees as planned; transferring functions from the previous governance structure to the new one to ensure functional continuity; and revising all College documents and the website to reflect the new structure. (Standard 1.1.2 and 1.1.3)
- 2 Develop a communications strategy to ensure effective communication of the new governance structure throughout all levels of the College, including both the wider College membership and all committee members so that reporting lines and functions are clearly understood. (Standard 1.1.2)
- 3 Explicitly reflect the role of the Faculties in regional governance of education and training in the governance structure, including relevant lines of reporting for Directors of Training, Supervisors of Training and Clinical Supervisors. The regional governance structure must clarify the separation of training governance and management from the relationships with training sites with regard to employment issues. (Standard 1.1.2 and 1.1.3)
- 4 Further develop the representational function of the Trainee Representative Committee including development of a charter, and provision of professional development for trainees in representational and governance roles. The purpose and role of the trainee representative attending the Board and other committee meetings must be defined and further developed. (Standard 1.1.2 and 1.1.3)
- 5 With the new governance structure, ensure that the Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee are active in all principal areas of College governance. (Standard 1.1.2 and 1.1.3)
- 6 Develop and implement a process for regular formal review and evaluation of de-identified cases of applications under all three steps of the reconsideration, review and appeals policy to identify any systemic issues to be addressed. (Standard 1.3.2)
- 7 Develop a deliberate approach to collaboration and benchmarking across the medical education sector to achieve cultural change and best practice in education. (Standard 1.4)

Recommendations for improvement

- AA Ensure the Reconsideration, Review and Appeals Governing Policy is easily and intuitively accessible on the public area of the College website, and that the cost structure for applications under the policy is available and widely communicated to trainees. (Standard 1.3.1)
- BB Ensure State Faculties receive the required staff support to undertake their role in implementing the training program at the regional level. In this regard, the College is encouraged to finalise its consideration of implementing a Faculty Support Officer role. (Standard 1.5)
- CC Provide evidence of the effective implementation, monitoring and evaluation of the Reflect Reconciliation Action Plan. (Standard 1.6.4)
- DD Develop and document a schedule for regular review of College structures and functions, policies and procedures and strategic plan. (Standard 1.7.1)

2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

The College outlines its educational purpose within the Constitution which is available on its website. The Constitution's six objectives all relate to educational purpose with two objectives focussed on the specifics of educational purpose under standard 2.1: 'to advance education, training and research in the practice of dermatology'; and 'to educate the public and other health care professionals about dermatological matters.'

To effect these objectives, the College indicates that it:

- Promotes high standards of practice, ethics and professional integrity in relation to training, specialist education, assessment, scientific research and dermatological practice to improve the health of the community
- Establish the status of Fellowship of the College and to assess and to admit appropriately qualified medical practitioners to that status;
- Encourage and support Fellows to undertake continuous professional development;
- Work with governments and other relevant organisations to achieve the provision of a well-qualified, experienced workforce in Australia;
- Provide advice and support to Fellows to assist them in establishing appropriate work/life balance and to meet the challenges of their professional lives;
- Advocate on any issue which affects the ability of the College members to meet their responsibilities to patients and to the community; and
- promote co-operation with organisations which have objectives similar to the College in Australia and New Zealand, as well as internationally.

In its accreditation submission, the College detailed a number of ways to achieve its educational purpose and objectives, including:

- maintaining ISO accreditation
- publishing the Australasian Journal of Dermatology, demonstrating research and continuing professional development
- maintaining its CPD program for Dermatologists
- developing Clinical guidelines and engaging in research for clinical guidelines.

The College also pointed to its 2016 accreditation as a Higher Education Provider by TEQSA and its plans to offer a Masters of Dermatology as further evidence of its dedication to high-quality education.

The College's Strategic Plan 2015–2019 also specifically addresses its educational purpose within three areas of primary activities with the mechanisms and actions for achieving these set out within the Operational Plan 2016–2019:

- 1 Service to Community: information, advocacy and advice to individuals, communities, government and other health stakeholders concerning dermatology practice, the efficient and effective delivery of dermatological specialty health services, the creation of improved outcomes for the skin health of individuals and whole communities
- 2 Education: To set the educational standards for the profession and its practice. Deliver the training of registrars through our Fellows to these standards in partnership with our key hospital & health stakeholders. Provide ongoing professional education to other clinicians who interact with dermatology patients
- 3 Service to Members: To act in their best interests, to ensure their continued professional development. To plan and monitor the specialist workforce within Australia.

In relation to standard 2.1.2, the education provider's purpose addresses Aboriginal and Torres Strait Islander peoples and their health, and the College has developed a Reflect Reconciliation Action Plan (RAP) with Reconciliation Australia and the College's Aboriginal and Torres Strait Islander Committee. The RAP lists a series of actions to be completed over the next year (from November 2017) inclusive of building and expanding relationships with Aboriginal and Torres Strait Islander peoples and organisations such as the Australian Indigenous Doctors Association (AIDA) and the National Aboriginal Community Controlled Health Organisation (NACCHO) and building understanding and awareness of Aboriginal and Torres Strait Islander peoples and their particular needs among College staff, trainees, committee members and fellows.

The College also has three specific Aboriginal and Torres Strait Islander activities in its Strategic Plan:

- Boosting the Aboriginal and Torres Strait Islander specialist dermatologist workforce
- Advancing Aboriginal Primary Care worker education
- Providing education for Aboriginal Health Workers.

Evidence from the accreditation submission and the team's discussions indicate that the College has advanced two of these aims. The College has two current Aboriginal and Torres Strait Islander trainees and is in the process of developing an online module for Aboriginal and Torres Strait Islander health workers.

The College has also developed a cultural competency module for trainees and fellows and includes a cultural competency learning outcome in the Professional Qualities domain of its curriculum. Other relevant elements are the inclusion in the curricula of content on Aboriginal and Torres Strait Islander skin conditions. This is discussed in further detail under standard 3.

In defining its educational purpose, the College has undertaken engagement processes with College staff, trainees and fellows. With regard to external stakeholders, the College has commenced a specific program of work to strengthen engagement with key stakeholder groups and seek feedback on its educational purpose and roles. This work is underpinned by the Strategic Engagement Framework which provides a structured and systematic approach to engagement priorities for the College according to the principles of The International Association of Public Participation (IAP2). The College also established in late 2016 a Community Engagement Advisory Committee to improve community involvement in its training activities and develop stronger relationships with patient support groups. The Committee comprises eight members of the community who are not members of College and who do not possess a medical qualification. The Committee has held two meetings. Members of the committee were sourced either through Health Consumers NSW, the Consumer Health Forum, Health Consumers of Rural and Remote Australia, Ethnic Communities Council of NSW, or were previously involved with the College as consumer representatives.

As discussed under standard 1, the College website includes a number of useful resources for the general community about dermatology, dermatological services in Australia, and the College's engagement with patients and the wider community. The website provides direct links to patient support groups specific to many skin conditions and to patient education resources, including international dermatology organisations. The A to Z of Skin is a community resource to increase understanding about skin conditions and their treatment.

The College is also taking a proactive approach to improving the understanding and public perception of dermatology informed by a July 2016 public perception survey of dermatology which found that while there was a high awareness of dermatologists there was also some confusion about their role, especially in relation to other healthcare professionals. In February 2017, the College released a position statement aimed at health professionals along with accompanying patient resources. In addition, the College has developed strategic partnerships with the Cancer Councils which are helping the College expand its community reach. An annual awareness initiative with Cancer Council Australia – the national Skin Cancer Action Week – was successfully held in November 2016. The College is exploring a number of educational and community engagement opportunities with Cancer Council Victoria and Cancer Council WA.

2.1.1 Team findings

The team congratulates the College on its clear and consistent articulation of its educational purpose, including setting and promoting high standards of training, education, assessment, and professional and medical practice. The College's educational purpose is clearly articulated in its accreditation submission, the Strategic Plan 2015–2019 and in the team's discussions with the College during the assessment visit.

The team also congratulates the College on its active commitment to addressing Aboriginal and Torres Strait Islander peoples and their health as part of its purpose. Taken together, the various aspects of the College's actions and achievements indicate that the College is a leader in this important area. The recruitment of two Aboriginal and Torres Strait Islander trainees, in particular, tangibly demonstrates that the College has gone beyond a passive commitment.

The development and now registration with Reconciliation Australia of a Reflect Reconciliation Action Plan (RAP) is a significant achievement for the College. The team commends the College on its action plan to build and expand its relationships with Aboriginal and Torres Strait Islander peoples and organisations such as the AIDA and NACCHO and to build an understanding and awareness of Aboriginal and Torres Strait Islander peoples and their particular health needs among College staff, trainees, committee members and fellows.

It is noted that the RAP also includes the development of a business case for a suite of resources for increasing awareness within the organisation of Aboriginal and Torres Strait Islander cultures, histories and achievements. This, and the other deliverables listed in section 5 of the RAP under *Respect*, addresses the recommendation made in the AIDA submission to the AMC that the College further support cultural safety and competency of College members to engage with Aboriginal and Torres Strait Islander patients, and provide broader knowledge and experience of Aboriginal and Torres Strait Islander health. Reforming the previous Indigenous Affairs Committee to establish the Aboriginal and Torres Strait Islander Committee, and the direct reporting line between this committee and the College Board will support and foster the Board's cognisance of Aboriginal and Torres Strait Islander health needs and aspirations. During the AMC's discussions with representatives of this committee it was highlighted that while the committee is recently established, its strong membership and purpose means that it is well situated to undertake and achieve its key roles.

Although there was strong evidence of commitment to Aboriginal and Torres Strait Islander peoples and their health across the College, the team assessed that the mechanisms for moving the educational purpose from initial activity to coherent outcomes are not yet fully developed. To aid the development and embedding of these mechanisms, the College needs to establish a whole

of entity strategic approach, inclusive of College staff, the Board, fellows and trainees. The team was concerned that without such an approach the responsibility of initiating, implementing and evaluating the necessary activities might fall too heavily on the Aboriginal and Torres Strait Islander Committee members, and the Aboriginal and Torres Strait Islander trainees in particular.

The team also queried if there were sufficient resources in place to support the achievement of all the actions and activities detailed in the RAP over the 12 months, November 2017 to November 2018. The list of proposed actions is substantial. The team agreed that without allocation of dedicated resources to achieve these, there is a significant risk of the RAP aspirations not being met. The team also recommends that the College develop strong links with external stakeholders to access expertise beyond that available through College fellows.

Engagement with internal stakeholders is appropriate. However the team considers further consideration should be given to developing ways to increase engagement with trainees with regard to the College's educational purpose, graduate outcomes and program outcomes. This is also discussed under standards 1, 6, and 7.

The team commends the College's plans to strengthen its engagement with external stakeholders, especially through the establishment of the Community Engagement Advisory Committee and the change of governance arrangements which will see this committee reporting directly to the Board.

It recommended that the College engages with external stakeholders in a more planned and strategic manner. When defining its purpose, and graduate and program outcomes, the College should formally involve other relevant medical specialties, community representatives, Aboriginal and Torres Strait Islander health organisations, and health funder services, to ensure community perspectives are considered.

2.2 Program outcomes

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

The College has clearly defined the functions of its program as producing specialist dermatologists who upon completion of their training are equipped to undertake safe, unsupervised, comprehensive and competent specialist dermatological practice. To this end, the College has mapped its training program against similar international dermatology programs.

In its accreditation submission, the College outlined the review of the training program undertaken since the last AMC accreditation in 2007, highlighting how the overall objective of the training program had changed and developed over that period.

In 2017, the overall objective of the training program is to: 'prepare trainees to become specialist dermatologists who integrate their knowledge of the relevant clinical and medical sciences with their mastery of procedural skills to deliver highly professional care to the wider community.'

Following the recent curriculum review in 2014/2015, the learning outcomes of the training program now cover four domains and are separated into broad learning outcomes and more specific learning outcomes. The value of these changes is enabling the curriculum to be linked to practice areas and reflecting the changing nature of dermatology as both medical and procedural. Australian Institute of Health and Welfare's (AIHW) 2011 Burden of Disease Study ranks skin conditions (apart from skin cancer) as having the sixth highest non-fatal burden of disease across the Australian population, out of the 17 disease groups, due to the high prevalence and chronic

nature of skin conditions. Furthermore, melanoma is ranked eighth in total cancer burden (the highest of all diseases). A demonstration of how the program outcomes relate to the healthcare needs of the community can be seen in the area of melanoma and skin cancer.

Statistics on melanoma can be found on the Australian Government Cancer Australia website and Cancer Council Australia. These sites highlight the prevalence of skin cancer in Australia. Dermatologists participate in both the research and treatment of skin cancer, clearly highlighting a link to learning outcomes related to research and clinical practice (for example, BLO 5, BLO 6, BLO 9, BLO 12) and to community need.

The College's accreditation submission also articulated the problem of demand for dermatology services in Australia now exceeding supply. The Health Workforce Australia's document, *Health Workforce 2025, Medical Specialties Volume 3*, November 2012, highlights the workforce demand for dermatology is estimated to grow at 4.2 percent per annum. It also highlights that shortages in community-based specialties such as dermatology are due to the lack of funded training positions in the public sector and that future projections demonstrate a projected negative imbalance across the dermatology specialty in 2025. This work is currently being revised by the Department of Health's (DoH) Health Workforce Division anticipated for public release in 2017 following input from NMTAN. The DoH's updated analysis has predicted a deficit of 90 dermatologists by 2030; the training program intake would need to increase by 5.2 FTE positions annually from 2018 to 2025 in order to balance this accumulated deficit. This imbalance is predicted to worsen rather than lessen alongside the burden of skin cancer and other skin diseases in the Australian population.

Ongoing improvement in the quality of the training program is also clearly outlined in the College's 2016-19 Operational Plan. The operational plan focuses on activities relating to workforce planning, community engagement, ongoing improvement in the trainee's education programs, including increasing opportunities for innovative trainee education delivery, trainee support and strengthening the quality of supervision.

2.2.1 Team findings

The team found that the College's training program delivers specialist dermatological training of high quality that equips its trainees to undertake specialist practice. Trainees achieve learning outcomes through a range of learning activities and assessments including supervised work-based training and experience and formal education courses accredited by the College. Evidence was provided to demonstrate that the College has made significant progress in achieving strategic goals in the Operational Plan related to program outcomes.

However, what is not as clear is evidence of clear and purposeful alignment between training/education outcomes and the healthcare needs of the communities the College serves, particularly rural and remote communities. Interaction with the needs of rural and remote communities was assessed as currently more incidental than strategic, and with a high reliance on the individual actions of a small group of fellows. The College is encouraged to develop a more formalised approach to assessing needs across rural and remote communities and populations to inform curriculum development and desired educational outcomes. Within this it is recommended that the degree to which community needs for dermatological care are being met be regularly and formally evaluated by the College.

2.3 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

The College articulates the key generic graduate attributes for trainees in the ACD Training Program Handbook which is publicly available. The College aims to produce graduates who exhibit the following attributes:

Personal

- Apply analytical and critical thinking leading to creative problem solving
- Commit to ethical practice and social responsibility
- Engage in lifelong learning and reflective practice.

Applied Knowledge and Skills

- Utilise relevant and current information for decision making in their activities as a specialist dermatologist
- Strategically plan and manage resources in the treatment and ongoing management of patients
- Manage quality in their practice as independent decision makers
- Manage risk associated with their practice as independent specialist
- Lead and manage those in their charge.

Interactional Skills

- Communicate across a range of disciplines and communities
- Work within and contribute to local and international processes in the practice and ongoing development in the field of dermatology
- Enhance collaborative and multidisciplinary teamwork.

As detailed in the Training Program Handbook, the College indicates that by the end of the training program, a trainee will be able to:

- synthesise, evaluate and apply relevant knowledge of clinical sciences and pharmacology underpinning dermatological practice
- critically assess patients, by generating an accurate history and through a systematic and comprehensive clinical examination
- critically assess and synthesise specialist medical dermatological knowledge of disease process, presentation and epidemiology to develop effective differential diagnoses
- critically analyse the need for and use of appropriate investigations to develop and justify well-reasoned clinical diagnoses
- evaluate results of investigations and employ clinicopathologic correlation to then develop and assess effective management plans appropriate to the diagnosis and the patient's context
- critically apply specialist medical knowledge and diagnostic skills to develop best practice treatment options in procedural dermatology
- synthesise anatomical understanding of the skin and underlying soft tissues with technical skills in the performance of dermatological procedures using aseptic technique
- evaluate methods and processes to optimise post-procedural haemostasis and wound healing

- evaluate the needs of diverse patients, colleagues and communities, including Aboriginal and Torres Strait Islander Australians and culturally and linguistically diverse populations, in order to provide and promote the most appropriate health care
- design and deliver safe, high quality health care and research according to ethical codes of practice and legal obligations
- lead and manage health care amongst colleagues and the community with good judgment, discernment and self-management
- plan, execute and report on substantial research projects in specialty dermatology fields.

In May 2015, Associate Professor Griffin conducted a pilot study to identify a set of competencies that are important for dermatologists and trainee dermatologists working in Australia. Interviews were conducted with eight senior dermatologists who had significant experience working with trainees. The research highlighted six competencies required to practise as a dermatologist. These are:

- Team skills
- Good error management (including personal insight)
- Ethical behaviour
- Conscientiousness
- Patient-centred approach
- Procedural skill.

The accreditation submission also acknowledges that the College will need to better link these graduate attributes to the broad learning outcomes of the curriculum to enable measuring.

The College's training program has four domains which are critical areas of knowledge, skills and application of knowledge and skills that are fundamental to the practice of dermatology. The domains are described under standard 3.

2.3.1 Team findings

The team recognises the work that the College has begun in addressing the comprehensive research by Dr Griffin to establish the key competencies required to become or practise as a dermatologist. It is also noted that these competencies will be integrated into Broad Learning Outcomes under the three categories of Personal, Applied Knowledge and Skills and Interaction Skills.

As discussed under standard 2.1, the College must develop ways to increase the voice of trainees within the College in relation to graduate outcomes. In addition, when defining its graduate outcomes, the College must formally involve other relevant medical specialties, community representatives, Aboriginal and Torres Strait Islander health organisations, and health funder services, to ensure community engagement and that community perspectives are considered.

Commendations

- | | |
|---|---|
| D | The College's educational purpose of setting and promoting high standards of training, education, assessment, professional and medical practice is clearly articulated. |
| E | The development and implementation of a Reflect Reconciliation Action Plan which is a significant achievement in which the College should take pride. |

- F The establishment of the Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee to embed the external perspective in College activities. The governance changes, whereby the Community Engagement Advisory Committee and the Aboriginal and Torres Strait Islander Committee report directly to the Board, which support the Board's cognisance of community and Aboriginal and Torres Strait Islander health needs and aspirations.

Conditions to satisfy accreditation standards

- 8 When defining the educational purpose, program and graduate outcomes, formally engage trainees, as well as other relevant medical specialties, community representatives, Aboriginal and Torres Strait Islander health organisations, and health funder services, to ensure community perspectives are considered. (Standard 2.1.3)
- 9 Develop and implement a process to ensure the program outcomes are responsive to the health needs of the community. (Standard 2.2.1)
- 10 Develop and implement a formalised approach to regularly assessing needs across rural and regional communities and evaluating the degree to which program outcomes are aligned with these needs. (Standard 2.2.1)

Recommendations for improvement

- EE Develop a whole of entity strategic approach to ensure that the responsibility and actions required for addressing the Reflect Reconciliation Action Plan are equitably distributed across the College and that Aboriginal and Torres Strait Islander Committee members are not overburdened. (Standard 2.1.2)
- FF Develop stronger links with external Aboriginal and Torres Strait Islander stakeholders to access expertise beyond those available from College fellows. (Standard 2.1.3)

3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

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

The dermatology training program is a four-year program divided into two years of basic training and two years of advanced training. The ACD Training Program Handbook available on the College website provides details on the structure of the training program.

The College undertook a major curriculum review in 2014/15 with a revised curriculum being released in 2016. The revised Dermatology Training Program Curriculum has been designed as an integrated, trainee-centred, outcomes-based curriculum. The curriculum specifies the knowledge, skills and competencies required to practise as a specialist dermatologist and builds on the previous 2008 and 2010 editions. The document is available in shortened form to the public on the College website. The full version is protected for reasons of intellectual property but is available to trainees and fellows via the eLearning Portal.

The curriculum moved from being organised into two 'parts' to four 'domains of practice'.

| 2010 Curriculum | 2016 Curriculum |
|---|--|
| Part I: Clinical Expertise | |
| Section 1: Clinical Sciences and Pharmacology | Domain 1: Clinical Sciences and Pharmacology |
| Section 2: Fundamentals of Clinical Practice in Dermatology | Domain 2: Medical Dermatology |
| Section 3: Procedural Dermatology | Domain 3: Procedural Dermatology |
| Part II: Professional Qualities | Domain 4: Professional Qualities |

The new curriculum framework is structured according to the following four levels, each providing an increasing level of detail. The four levels are: specialised content topic areas, elements of learning outcomes, learning outcomes and domains.

Domains

The four domains are critical areas of knowledge, skills and application of knowledge and skills that are fundamental to the practice of dermatology. The four domains are:

Domain 1: Clinical Sciences and Pharmacology

This domain covers the fundamental knowledge, skills and behaviours of the clinical sciences and pharmacology which are deemed essential to the safe and effective day-to-day practice of dermatology. This domain is considered essential knowledge for Domains 2 and 3.

Domain 2: Medical Dermatology

This domain outlines the core knowledge, skills and behaviours essential to the safe and effective practice of clinical dermatology. The Fundamentals of Clinical Practice in Dermatology (FOCPD) constitute the key learning outcomes that are applicable to all topic areas in medical dermatology. The FOCPD outlines the foundation principles required to effectively evaluate and manage all patients.

Domain 3: Procedural Dermatology

This domain outlines the core knowledge, skills and behaviours essential to the safe and effective practice of dermatological procedures. The Fundamentals of Procedural Practice in Dermatology (FOPPD) constitute the key learning outcomes that are applicable to all procedures in procedural dermatology. The FOPPD outlines the foundation principles required for the safe and effective practice of dermatological procedures.

Domain 4: Professional Qualities

This domain outlines the key professional knowledge, skills and behaviours in the provision of high-quality care for patients. Professional qualities are normally learned and taught in conjunction with medical and procedural dermatology, through trainees' involvement in everyday clinical practice. This domain underpins the practice of medical and procedural dermatology (Domains 2 and 3).

Learning Outcomes

There are 12 Broad Learning Outcomes (BLO) which are then separated into 25 learning outcomes which span the four curriculum domains. Learning outcomes are statements of what learners are expected to know, understand and apply, by the end of the training program.

Elements of Learning Outcomes

The Elements of Learning Outcomes are an elaboration of the learning outcomes through grouped performance indicators.

Specialised Content Topic Area

The Specialised Content Topic Areas ('topics') are individual disorders or treatment modalities, or groups thereof. The learning outcomes and elements of learning outcomes are to be applied to every topic. Each topic elaborates on particularities for that condition or procedure in addition to the general indicators of the learning outcome.

As detailed in the trainee handbook, the structure of the dermatology training program is as follows:

Basic Training

In year 1, trainees must: complete the first year workshop; attain a satisfactory level of performance in the Clinical Sciences Online Competency Modules; attain satisfactory Summative In-Training-Assessments (SITAs) for the year; submit a research project for approval, and complete all requirements in the Trainee Online Portfolio as applicable to year 1. In year 2, trainees must: attain satisfactory SITAs for the year; achieve satisfactory progress on a research project; and complete all requirements in the Trainee Online Portfolio as applicable to year 2.

Advanced Training

In year 3, trainees must: complete the third year workshop; attain satisfactory SITAs for the year; complete all requirements in the Trainee Online Portfolio as applicable to year 3; and complete the research requirements of the training program as applicable to year 3. In year 4, trainees must: attain satisfactory SITAs for the year; complete all requirements in the Trainee Online Portfolio as applicable to year 4; successfully complete the Teaching, Learning and Supervision Module; and successfully complete the components of the Fellowship Examination.

3.1.1 Team findings

The College is commended for the 2016 revision of the curriculum acknowledging its updated content and structure in line with contemporary dermatological and educational practice. The

overall framework clearly maps to the graduate outcomes. The expected learning outcomes are clearly stated.

The team commends the College on the content of the curriculum which is entirely appropriate for producing independent specialist dermatologists. While the team noted that the curriculum is readily available to trainees, during site visits, both trainees and supervisors admitted to not referring to the current curriculum but were confident that they understood its content, the methods of assessment and their timing.

It is important that the training curriculum remains current, and aligned with contemporary practice and community needs. To this end, the College must ensure that a regular cycle of curriculum review is instituted. The process and outcomes of the review process should include: consultation with and feedback from all stakeholders; revision of curriculum such that new modalities of service delivery, practice and content are included (e.g. teledermatology); and applicability of training outcomes to the practice of dermatology in the diverse settings of Australia.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

As described under 3.1, the curriculum aligns well with the specialist medical program and graduate outcomes. The curriculum outlines the four domains, the associated program learning outcomes, the curriculum elements and performance criteria associated with the learning outcome, and the assessment methods used.

Scientific foundations

The Clinical Sciences and Pharmacology domain of the curriculum largely relies on self-directed learning to reach the expected learning outcomes. Trainees are provided with a list of resources which include appropriate and current text books, journals and websites. It is a remit of the newly established Academic Standards Committee to review these resources each year to ensure versions are correct and articles/websites are up to date. Trainees are required to satisfactorily complete the Clinical Sciences Online Competency Modules in year 1.

Learning Outcome 1 of the curriculum states that trainees must 'Develop, apply and maintain the relevant knowledge base of theoretical and practical clinical sciences and pharmacology underpinning the practice of dermatology'. Trainees are required to complete an online module in year 1 on 'Evidence-based medicine' (EBM). This module aims to increase trainees' awareness of EBM as well as reviewing and developing skills in applying relevant EBM tools. This also links to Learning Outcome 7 of the curriculum which states that trainees will be able to 'Evaluate evidence-based medicine and relevant research methodology in clinical, case-based dermatology'. Completion of a research project by the end of year 3 also provides an opportunity for trainees to demonstrate skill and knowledge in the area of evidence-based practice.

Safe and effective patient care

The Medical Dermatology domain in particular, outlines the core knowledge, skills and behaviours essential to the safe and effective practice of clinical dermatology. Domain 3 Procedural Dermatology and Domain 4 Professional Qualities also describe key learning outcomes to ensure safe patient care with learning outcomes aligned with procedural dermatology and effective patient communication.

The trainee model for clinical learning is an apprenticeship model where trainees are supervised in a variety of settings such as adult and paediatric dermatology wards and outpatients and local anaesthetic operating lists. In these clinical settings, trainees are exposed to a patient-centred and goal-oriented learning paradigm. The settings for clinical teaching are diverse, mostly centred on public hospitals and practices in urban locations, but also include hospitals and practices in rural and regional locations. There is also limited teaching in some private settings. Several learning outcomes underpin this standard. The following learning outcomes are relevant:

- Evaluate the needs of diverse patients, colleagues and communities, including Aboriginal and Torres Strait Islander Australians and culturally and linguistically diverse populations, in order to provide and promote the most appropriate health care.
- Critically apply specialist medical knowledge and diagnostic skills to develop best practice treatment options in procedural dermatology.

These learning outcomes are evaluated using a range of assessment tools such as the Procedural Dermatology Assessment (ProDA), Case-based Discussions (CBD) and the Dermatology Clinical Evaluation Exercise (Derm-CEX). As discussed under standard 5, the Derm-CEX is a work-based assessment where the trainee is observed consulting with a patient, and can be applied in various outpatient settings. It is used to assess the trainee's ability to communicate effectively with patients and demonstrate patient-centred, appropriate and safe and goal-orientated care. In addition, the close working relationship of the trainee and supervisor, who interact on a daily basis, provides frequent opportunities to observe and provide feedback to the trainee.

Professionalism and leadership

The generic competencies of professionalism and leadership are described in domain 4 and in a number of learning outcomes. During the four years of training, opportunities to develop management and leadership skills arise. These include, but are not limited to, the daily interaction with more junior registrars and healthcare professionals, particularly when completing rural visits, undertaking research and contributing to local community activities. The research requirement also provides trainees with an opportunity to work with a variety of health professionals and provide expertise in the area of dermatology care to lead and manage colleagues and the community. Trainees are required to achieve a number of component skills in relation to management.

Quality and safety in health care

Dermatology, as with other medical specialties, is a constantly evolving specialty. Dermatologists play a key role in the implementation of new treatment methods such as biological therapies. As such, trainees are encouraged to ensure they remain up to date with the use of these treatments to ensure patients receive the best possible care and outcomes. The curriculum remains up to date by teaching and assessing an evidence-based approach to care.

The EBM module, completed in the first year of training, aims to increase trainees' awareness of EBM as well as reviewing and developing skills in applying relevant EBM tools.

Trainees are required to keep up to date with relevant journals and may be assessed on systematic reviews and evidence-based national guidelines during the Fellowship Examination. These competencies are further developed in clinical settings working closely with supervisors.

Teacher and supervisor

A key learning outcome in domain 4 is to 'Lead and manage health care amongst colleagues and the community with good judgment and discernment'. This requires trainees to work with a range of professionals within the work setting, including the community.'

Previously trainees in year 4 were required to complete Cluster 1 of the Certificate IV in Training and Assessment which covered competencies including design and development of learning and assessment activities, including group-based learning. These competencies were intended to equip trainees with teaching skills which could be consolidated and developed during training. To date, 78 trainees and fellows have completed Cluster 1 of the certificate. A further 25 trainees and fellows have completed the entire qualification gaining additional competencies in the training and assessment. However, from 2016, the Certificate IV has been phased out. Its planned replacement is a module which can be completed earlier in training to enable trainees to develop teaching skills over time, so that upon fellowship they can more naturally transition to the role of clinical supervisor. Trainees are assessed on teaching and learning during the Summative In-Training-Assessments.

Research methodology

The curriculum includes formal learning about research methodology, critical appraisal and evidence based medicine. These competencies are assessed throughout training in Summative In-Training-Assessments as well as during the final Fellowship Examination. The research learning outcomes are as follows:

- Evaluate evidence-based medicine and relevant research methodology in clinical, case-based dermatology.
- Evaluate ethical frameworks in clinical practice and research, including critical reflection on personal values and behaviours in the context of relevant legislation.

- Participate in dermatological research, building own dermatological knowledge and skills as well as contributing to the dermatological knowledge base and the understanding of patients, carers and other healthcare professionals.

Culture and Health

Cultural competency is covered in Domain 4 of the curriculum and maps to learning outcome 20, 'Evaluate the impact of culture on health outcomes in order to act sensitively to the needs of Aboriginal and Torres Strait Islander patients and patients from culturally and linguistically diverse backgrounds.'

The curriculum states that trainees have a responsibility to manage their own development of cultural competency and familiarise themselves with differing cultures within the community. Trainees must endeavour to become acquainted with the cultural aspects of family, and cultural attitudes toward death and illness held by their patients. They should display commitment to gaining an understanding of the impact of culture on health outcomes and behaviours.

Trainees are exposed to a range of different scenarios throughout their training. By rotating through various training settings they are exposed not only to a range of conditions, but also to a range of cultures. Whether it be a large teaching city hospital, or a small rural town, trainees have an opportunity to learn and experience different cultures and to have their own ideas challenged.

The opportunity to work with a broad range of cultures is also evidenced by the opportunity the College provides for trainees to travel to overseas locations such as UK and Singapore, where they are exposed to different cultures and skin conditions.

Trainees are also assessed on cultural competence at each Summative In-Training-Assessment.

Aboriginal and Torres Strait Islander health

The curriculum addresses the health needs of Aboriginal and Torres Strait Islander peoples through a number of learning outcomes. The College has developed a number of online learning modules that support the curriculum on the specialised content topic area including, Dermatoses of Specific Populations (Skin Disorders of Aboriginal and Torres Strait Islander Peoples). In addition, the College has an Aboriginal and Torres Strait Islander Committee as detailed under standards 1 and 2. This Committee monitors a range of issues relevant to trainees, but also the curriculum with respect to cultural competency and dermatological disorders.

3.2.1 Team findings

The curriculum content aligns with the specialist medical program and graduate outcomes. The team considered that the content of learning and associated resources to support learning were both comprehensive and appropriate. The team commends the process of annual review by the Teaching, Learning and Curriculum Committee (TLCC) and the National Examination Committee (NExC) to ensure that educational material remains current. The team welcomed, following the last review, the change in pharmacology assessment methods from an examination to a module, requiring completion in the first 12 months. The driver for this change is to allow the trainee more focus on clinical dermatology. An unintended consequence of this change in assessment is the perception by trainees and their supervisors that essential pharmacology knowledge is acquired at a later stage than previously. This has been acknowledged by the NTC and NExC and as a result the requirement to complete the pharmacology module in the first three months of training is under active discussion by the College. This is also discussed under standard 5. In College's feedback on the draft accreditation report in December 2017, the College confirmed that from 2018, trainees will be required to complete the pharmacology module in the first three months of training.

The curriculum builds on the communication, clinical, diagnostic management and procedural skills to enable safe patient care. Overall, the team considers that this component of the

curriculum is well covered and is to be commended. The necessary standards are well articulated and are assessed by a suite of tools.

The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. The team considers that the curriculum addresses patient-centred approach to care. The emphasis of patient-centred care in the curriculum was apparent and the method of learning provided adequate opportunity to evaluate this. The close supervision of trainees both in the private setting and rural and regional locations was reported as being particularly effective in building the necessary competencies. Whilst a module covering skin disease in Indigenous communities has been added to the curriculum (Dermatoses of Specific Populations (Skin Disorders of Aboriginal and Torres Strait Islander Peoples)), it lacks a rigorous approach to demonstrating cultural competency with respect to dermatology disease presentation. The team considers that the College should seek expertise in the field to align the dermatology content with the needs of the Indigenous populations to ensure a patient-centred approach. Work-based assessment demonstrating specific competencies in these remote settings is encouraged.

The curriculum prepares specialists for their ongoing roles as professionals and leaders. Whilst domain 4 in the curriculum emphasises professional qualities, the team considers that the opportunities to develop these skills are very much restricted to direct patient management. There are missed opportunities for the trainees to engage more broadly with the public hospital structure and the College. The team recommends that within the planned revision of the Code of Conduct, there should be constructive alignment of the professional qualities curriculum and an expansion to demonstrate competency outside the context of patient management.

The team considers that the curriculum prepares specialists to contribute to the effectiveness and efficiency of the healthcare system and that the safeguards to ensure up-to-date and evidence-based practice should be commended.

The team welcomes the phasing out of the Certificate IV in Training and Assessment. Whilst its aim was laudable and some trainees and supervisors had completed it, the general consensus was that it was not entirely fit for purpose. It did not fully equip trainees to become supervisors themselves, particularly with respect to trainees in difficulty. The plan to replace the certificate with a combination of a module and face-to-face training is welcomed and its roll out and subsequent evaluation are recommended.

The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training. The College is also well aware of the time constraints on trainees in a busy four-year training program. In the most recent revision in the research requirement, the emphasis is on demonstrating research competency in general and not just with respect to dermatology. Progression requires the submission only of appropriate research rather than submission and publication of an 'entire written paper or appropriate sub-components within an approved national/international journal'. The current wording in the curriculum still reflects the previous research requirements and needs amending accordingly.

The team acknowledges the commitment of the College to developing an understanding of the cultural and health needs of Indigenous populations. Not all trainees in the training program undertake a rotation to Aboriginal and Torres Strait Islander and rural communities, however where trainees have rotated, they have reported considerable learning benefits and close supervision. Whilst the team considered that the content of the curriculum with respect to skin disease in Indigenous populations seemed appropriate, it was felt that it could be integrated with a more rigorous approach to demonstration of cultural competency with respect to dermatology disease presentation. As detailed above, it is recommended that the College engage with experts in the field to contextualise the competencies intended in dermatological presentation of disease.

The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture. The team considers that this aspect of the curriculum is well covered and would benefit from regular annual evaluation to ensure that the rotations mapped to the clinical and cultural competencies as described. Emphasis is placed on self-directed learning and development and the team would welcome more formal assessment of cultural competency for all trainees through work-based assessment, as well as the Fellowship Examination.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

Horizontal and vertical integration

The curriculum is comprehensive and is divided into four horizontally and vertically integrated component parts designed to deliver comprehensive training to produce competent consultant dermatologists. These components are domains, learning outcomes, elements of learning outcomes and specialised content topic areas as described under standard 3.1.

In year 1, the content of domain 1, Clinical Sciences and Pharmacology builds on the theoretical knowledge that trainees have obtained in their earlier training as medical students and interns. Trainees develop a good understanding of the language of dermatology and begin to perform basic skills and take relevant case histories appropriate to dermatology, based on skills already demonstrated in previous roles.

The medical and procedural domains (domains 2 and 3) of the curriculum build on a range of skills trainees will learn during the training program. The first year workshop builds on surgical skills developed prior to entering the program and these are refined and developed throughout training. Trainees are required to perform 'Essential procedures' in these early years as they develop further knowledge of conditions and treatment approaches. Competency in differential diagnoses is a critical component of the early years and this continues all throughout the training program and into the Fellowship Examination as trainees are asked for their diagnoses and differential diagnoses. It is in these first two years that trainees undertake 'basic training'.

As trainees move into years 3 and 4 ('advanced training'), skills are developed in identifying difficult conditions as well as increasing surgical skills. The third year workshop addresses additional surgical skills and trainees are required to perform 'advanced procedures' in the clinical setting.

Communication skills continue to be a key area of development as seen throughout the Summative In-Training Assessment (SITA) process. These skills are refined during the third year workshop, enabling trainees to further develop skills in dealing with difficult situations.

The SITA Assessment Form and the Rotation Learning Plan are key assessment documents in the progression of the trainee throughout the training program. Each document provides information on areas of strength and weakness for the trainee and, in conjunction with the curriculum, forms the foundation on which learning for the next rotation occurs.

The College also works closely with approximately seven Australian universities in providing dermatology content relevant for undergraduate medical studies. This content has been developed by dermatologists and has become a part of the study program for medical degrees

offered by these universities. This content is then made available to trainees in year 1 and while it is not assessable, it is considered part of the 'basic sciences' in relation to dermatology training. Content covered includes: general principles of dermatology; skin signs of systemic disease; acne and rosacea; endogenous eczema; infections; psoriasis; skin cancer, melanoma, moles and other lesions; dermatological emergencies; procedural dermatology; skin disease in Aboriginal and Torres Strait Islander peoples.

With respect to CPD, the three categories further discussed in standard 9 (Clinical & Education, Quality Assurance and Professionalism) are not explicitly aligned to the training curriculum structure.

Recognition of Prior Learning

The College's Recognition of Prior Learning (RPL) policy available on the College website allows trainees to apply for credit in the area of assessment, clinical experience and research. Requests for RPL are assessed on a case-by-case basis by either the National Training Committee or the National Examination Committee according to the category of the RPL. The College reports that the most common type of RPL applied for to date has been for research/publications, where trainees have already published papers in recognised journals, hence meeting this requirement of the training program.

A summary of RPL applications to date and their outcomes are as follows.

| Year | Assessment | | Clinical | | Research/Publications | |
|------|------------|----------|----------|----------|-----------------------|----------|
| | Received | Accepted | Received | Accepted | Received | Accepted |
| 2016 | 0 | 0 | 1 | 1 | 9 | 9 |
| 2015 | 0 | 0 | 2 | 1 | 2 | 2 |
| 2104 | 0 | 0 | 0 | 0 | 13 | 13 |

3.3.1 Team findings

The assessment team considers that the 2016 curriculum is well written and designed and provides progressive integrated training over a four-year period. Trainees and their supervisors interviewed by the team reported feeling ready for the consultant role by the time they passed their Fellowship Examination. The details of progression and assessment over the four-year period are described under standard 3.1.

Evidence for explicit and documented alignment between the training curriculum and the expectations for ongoing maintenance/further development of skills in fellows through CPD was not apparent. There is, however intuitive consistency between categories of CPD and elements of the training curriculum. This provides a sound foundation for further work in explicit alignment, particularly in the professional qualities domain.

Whilst the team acknowledged that RPL applications are likely to be successful (based on the statistics provided by the College, outlined above), from site visits, however it appears there is still some misunderstanding amongst trainees about the process and its transparency. The changes to the research component for prospective approval are clear but the process for retrospective approval requires clarification with details of the feedback process when approval is not granted. It is recommended that the College develop a process for more detailed feedback for those applicants in either category who are unsuccessful in their application.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.

- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

The 2017 Dermatology Training Program Handbook details the program structure and the expected progression over the four years of training. Key structural points of the program are detailed below.

- **Clinical hours:** Trainees are required to complete 46 weeks of clinical training each year. Provision is made for four weeks annual leave, one week's professional development leave, and one week's unscheduled leave for illness and other unexpected events.
- **Workshops:** Trainees in years 1 and 3 must attend relevant workshops at the commencement of these years.
- **SITAs:** Trainees are required to attain satisfactory Summative In-Training-Assessments (SITAs) in June and December. Any performance concerns must be addressed before progressing.
- **Research:** Trainees must receive approval for a research project in year 1 and complete research project and presentation requirement by the end of year 3.
- **Assessments:** Trainees must complete Clinical Sciences Online Competency Modules in year 1 and the Fellowship Examination and teaching and learning component in year 4.
- **Portfolio:** Trainees must maintain an up-to-date portfolio with relevant documentation (e.g. compulsory surgical procedures, work-based assessments, Rotation Learning Plans)
- **CPD:** Trainees must attend relevant meetings, including two College Annual Scientific Meetings in the first three years of training.

Procedural Skills

Trainees are required to demonstrate competency in a range of essential and advanced procedures as detailed in the training handbook. Trainees have these procedures signed off by the relevant consultant/supervisor, and must keep a log of the procedures in their Trainee Online Portfolio using the Procedures Log Form. All Essential Procedures/Treatment modalities must be logged by the completion of year 3 of training, when the Trainee Online Portfolio is submitted to determine eligibility to apply for the Fellowship Examination.

Clinical components

In 2016, the College introduced the requirement for trainees to complete 46 weeks of clinical training per year; previously it was 44 weeks. This was approved by the National Education Committee following feedback from supervisors and input from the Trainee Representative Committee. The reasons provided in the College's accreditation submission for this change include:

- parity with other colleges
- 46 weeks per year is what is required to cover the teaching of the program
- public holidays are additional leave to the 46 weeks per year
- some hospitals have only one registrar so staffing as it is, is difficult
- many hospitals do not have on-call work

- the College is seen as an international leader in the field of dermatology training and does not want to jeopardise that standard.

Research components

Research requirements have undergone various changes over the years. While the previous focus has been on publications, from 2017, the focus going forward is on the trainee’s ability to understand research and conduct appropriate research. This is reinforced in the presentation given to year 1 trainees during their workshop.

Assessment components

Assessments have not changed significantly over the past accreditation period. Changes relate to the Fellowship Examination, clinical sciences, pharmacology examination and work-based assessments. These changes are detailed under standard 5.

The College allows for flexible training in the training program and the College’s Variation of Training Policy outlines the types of variations for which a trainee may apply:

- **Deferment of course start date:** This is offered in exceptional circumstances where a trainee is unable to start in the year of offer. In this situation the candidate will be given 12 months deferment and may start the following year.
- **Interrupted training:** A candidate may be permitted up to 12 months of Interrupted Training at a time in situations including, but not limited to, parental leave, sick leave or family leave.
- **Part-time study/shared training:** The College will consider applications for part-time and/or shared training on a case-by-case basis. Part-time or shared positions must be allocated 50% of the full-time workload and for two consecutive years. Part-time training in year 4 is only available in special circumstances.
- **State transfer:** When a trainee nominates their states of preference at the time of application to the program they are making a decision to spend their entire training program in that state. Trainees may apply for consideration of state transfer in extraordinary circumstances.

The Variation of Training Policy also outlines the application rules and appeals process.

The following table summarises the type and outcomes of applications for flexible training.

| Year | Defer start date | | Interrupted training | | Part-time study | | State transfer | |
|------|------------------|----------|----------------------|----------|-----------------|----------|----------------|----------|
| | Received | Approved | Received | Approved | Received | Approved | Received | Approved |
| 2016 | 0 | 0 | 7 | 7 | 12 | 12 | 2 | 2 |
| 2015 | 1 | 1 | 5 | 5 | 5 | 5 | 0 | 0 |
| 2014 | 0 | 0 | 4 | 4 | 8 | 8 | 1 | 1 |

The training program allows trainees to study for 12 months overseas as detailed in the Overseas Placement Policy. There are established posts in the UK (12 months) and Singapore (6 months) as detailed in the training handbook. In relation to specialty offerings within the program and the opportunity to pursue electives, the training program offers limited opportunities.

3.4.1 Team findings

The team considers that the curriculum and the training handbook provide clear and detailed information about expectations during each year of the training program which are readily available to trainees. Trainees interviewed by the team reported that they are well informed about their training and were particularly complimentary about the level of support received from the College Senior Academic Support Officer.

In relation to the Trainee Online Portfolio, the team was concerned that the procedure logs required confidential patient information to be uploaded. It is recommended that the College explore the current process where trainees enter patient details as part of their procedures log to ensure compliance with current privacy regulations. It also recommends that the procedures log be amended in line with the requirements for the professional code of conduct.

The outcomes of applications for flexible training (based on the statistics provided by the College, outlined in the table above) indicate that there is flexibility with respect to training as all the applications for deferred start date, interrupted training and part-time study appear to have been granted. However, the perception from site visits was that trainees consider that workforce pressures in the system make it difficult to accommodate any interruptions in training even for a short period of time particularly when unplanned. Similarly, there was a perception from both trainees and supervisors that it would be difficult to backfill blocks of leave unless they were of 12 or 6 months duration. In addition, the increase in the mandatory number of training weeks in the program before progression from 44 to 46 weeks has added further to the perception of lack of flexibility. The team considered that flexibility within training should be made apparent to trainees from the outset of training. Since the curriculum is competency based, it is also recommended that in the event of unplanned leave, competent trainees are allowed to progress even if they have not completed 46 weeks of training that year. The team is aware of the balance between service and training requirements. It is recommended that the College work with the training sites to encourage more employment flexibility.

The opportunity to train overseas was well understood with clear pathways and an application process to study in the UK or Singapore. Other opportunities to pursue elective areas of interest including extended periods of research were less well described and understood. It is recommended that clarification is given for these pathways and that trainees are made aware of them at the outset of training and that the application details are incorporated in the training handbook.

Commendations

- G The revised curriculum particularly with respect to its educational framework and the content of learning which is comprehensive and aligns well with the specialist role.
- H The progress that has been made to include cultural competency with respect to dermatology disease in Indigenous populations.
- I Refinement of the competencies required for prospective accreditation in the research component of the curriculum.

Conditions to satisfy accreditation standards

- 11 Implement a continuous rolling cycle of curriculum review, including:
 - (i) Implementing mechanisms to monitor its relevance to practice, including feedback from fellows and trainees in Indigenous, rural and regional settings. (3.2)
 - (ii) Mapping curricular needs to changing practice, for example teledermatology. (3.2)
 - (iii) Detailing the accessibility to training to cover all curricular components, for example Indigenous populations, cosmetic procedures, lasers and surgery. (3.2)
 - (iv) Strengthening explicit integration of the training and CPD curriculum. (Standard 3.3)
- 12 Review the Dermatoses of Specific Populations (Skin Disorders of Aboriginal and Torres Strait Islander Peoples) module with experts in the field in order to provide a more rigorous approach to the demonstration of cultural competency with respect to dermatology disease presentation. (Standard 3.2.9 and 3.2.10)

- 13 Clarify the approval process and criteria for recognition of prior learning of the research component of the training program with respect to previous publications and/or equivalent experience to meet requirements, and develop a process to provide transparent feedback to candidates when approval is not granted. (Standard 3.3.2)
- 14 Develop an explicit process to accommodate the progression of a competent trainee after a period of unplanned leave. This process needs to be clearly stated in the trainee handbook and explained at the outset of training. (Standard 3.4.3)
- 15 Demonstrate increased flexibility in accommodating variable periods of trainee leave so trainees are not unduly disadvantaged. (Standard 3.4.3)

Recommendations for improvement

- GG In the context of the planned revision of the Code of Conduct, ensure constructive alignment of the professional qualities curriculum, training and assessment. (Standard 3.2.5)
- HH Explore the current process where the trainees enter patient details as part of their activity log to ensure compliance with current privacy regulations. (Standard 3.4 and 5.2)

4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

In 2016, the College revised and implemented an outcomes-based curriculum which is supported by clear documentation available on the College website. The curriculum is structured in a way that clearly shows how high-level program outcomes map to the lower-level learning objectives in more granular curricular components. The College website is well laid out, intuitive in its organisation and easy to navigate. It provides clear information regarding the curriculum and teaching and learning, as well as being a platform for online resources and training portfolios.

Teaching and learning approaches include one-to-one clinical supervisor and trainee 'apprentice' interactions, tutorials, workshops, lectures, self-directed learning, online modules, webinars and attendance at national and state meetings.

The College predominately employs a 'clinical apprenticeship model' in the dermatology training program. As trainees (novices) are employed in a clinical role, their learning primarily occurs on the job in outpatient and inpatient clinical settings and they learn how to perform a task under the supervision of a dermatologist (expert). The trainee builds on existing and new knowledge (identified by the trainee through the curriculum) combined with coaching from the clinician (and other related health professionals), leading to mastery and independence of the activity.

Trainees are rotated through various training sites to ensure a broad range of experiences can be developed over time. Trainees have the opportunity to undertake training in different settings such as teaching hospitals, but also private clinics, some of which are in regional and rural areas where cases may differ from the teaching hospitals. The College indicates that this learning is crucial as it ensures trainees understand the full range of their role and are able to experience this in different settings with numerous patients and supervisors.

The College utilises the Director of Training to allocate trainees to clinical training positions, while taking into consideration their previous training and experience, to ensure they experience a wide variety of settings and learning experiences.

Text books, journals and key readings remain a core component of the trainee's knowledge base. The College has supplemented these with online modules and eLearning technology.

In 2011, the College introduced the National Skin School webinar allowing the recording of teaching sessions which are then available online, in the evening, through the eLearning portal. In 2013, it was extended to the recording of NSW tutorials. The Skin and Cancer Foundation Inc. Victoria also offers a similar resource using a password protected login.

The College identified the remoteness of some trainees as a challenge with regard to formal education sessions. In NSW, trainees are physically located in a range of areas that inhibits common tutorials, whereas the trainees in Queensland, South Australia, Western Australia (and to a lesser extent Victoria) are located in close proximity to each other, making a standard tutorial session more accessible. To assist the challenges of proximity, NSW run a tutorial series that is recorded and made available not only to NSW trainees, but all trainees via the eLearning Portal.

The College is in the process of gathering data from each state concerning tutorials and education sessions. It plans to use this data to assist in the development of a more consistent national program where trainees have access to a range of resources.

4.1.1 Team findings

The team commends the College for the clarity of the documents supporting the curriculum, teaching and learning, and the ease with which these documents can be accessed on the website. The College employs an appropriate variety of modalities such as face-to-face, webinars, online resources, and observation in practice.

The College's accreditation submission identified the need to ensure that there is consistency among regions in delivering the curriculum across training sites, and during the assessment visit this matter arose in several of the site visits. The College also identified the impact of distance on the training program with some training locations being geographically distant from major teaching centres. A third issue identified was the variation in clinical service demands in different posts and the impact this has on a trainee's ability to participate in teaching and learning activities.

The College is proactively addressing these issues by enhancing the number of teaching and learning resources available on the website and working to ensure the 'look and feel' of these resources are increasingly consistent and by careful planning of posts so that each trainee has a balance of 'higher service demand' and 'lower service demand' clinical placements.

The team recommends that the College continues to work to ensure all trainees have equitable access to training opportunities. The College should also continue the work it has embarked on to improve consistency of teaching and learning resources delivered through online modules and to continue to improve the standardisation of webinars.

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

Dermatology training requires a strong emphasis on practice-based learning. The role of the Clinical Supervisor is fundamental to the success of the program.

The College's Accreditation Standards for Training Positions outline the requirements for trainees in relation to clinical experience. The requirements include: attending a minimum of four supervised general dermatology clinics; attending one dermatological surgery session per week with at least one session per fortnight directly supervised; and exposure to a suitable number of patients to obtain the breadth and depth of experienced as defined by the curriculum. Trainees are also expected to see a minimum of 12 new patients and 12 review patients per week and obtain clinical training experience as defined by the specialist content modules of the curriculum. Trainees should be directly involved in the management of inpatients and must receive instruction in dermatopathology per week and must attend at least one dermatopathology training session per week. Trainees are also expected to attend training sessions, case management meetings, grand rounds and other health service activities related to their role.

As detailed in the College's accreditation submission, there are a range of adjuncts to learning that are available to trainees which include workshops in the first and third year, a communication workshop in the third year, and clinical meetings attended by both trainees and dermatologists

for discussion of interesting cases. Trainees also present case studies at the Annual Scientific Meeting.

The College encourages trainee learning by utilising both teacher-centred and trainee-centred approaches. The teacher-centred approach includes face-to-face lectures/tutorials, practical demonstrations/role modelling and online webinars. The trainee-centred approach includes the observation of dermatologists and other related professionals, online content via the eLearning Portal, presentations in the form of work-based assessments, self-directed learning, practical activities under various levels of supervision, cooperative learning, reflective learning, and research.

In terms of interdisciplinary and interprofessional team work, trainees in teaching hospitals often participate in the medical grand rounds sessions for the hospital. Multidisciplinary clinics such as those in complex skin cancer, cutaneous lymphoma or immunology and connective tissue disease provide the opportunity for trainees to work with different specialty groups. Trainees work closely with allied health professionals, in particular nurses who aid in outpatient clinics, phototherapy and patch testing, and dermatological surgery and laser procedures.

The College requires trainees to continually develop their clinical and professional skills throughout the program. Trainees are expected to work independently and with other trainees to progress both their skills and knowledge, and over the course of their training are given more responsibilities, i.e. managing higher caseloads, managing clinics and performing complex procedures, etc. The training handbook highlights the varying levels of procedural skill required and describes both essential and advanced procedures. Trainees enter the program at varying levels of skill, so there is no requirement for when these procedures must be completed, except by the completion of year 3 when trainees must be able to demonstrate completion of all essential procedures.

4.2.1 Team findings

The team acknowledges the significant contribution to the teaching and learning experiences of trainees made by the Directors of Training, Supervisors of Training, Clinical Supervisors and Mentors, and commends them for their commitment. During the assessment visit the team was impressed by the many positive comments received from trainees and supervisors about their practice-based training experiences. Supervisors are motivated to teach and trainees are well supported to learn.

There is recognition by the College of the variability in clinical service demands on trainees undertaking different placements both within Faculties and across Faculties. As mentioned under standard 4.1, the College is taking proactive steps to continually increase the number and type of online resources (e.g. recorded tutorials, webinars, eLearning resources etc.) to facilitate asynchronous access to teaching and learning opportunities.

The College is encouraged to continue working with all stakeholders to balance the pressure on trainees arising from clinical service demands with the trainees' education and training needs.

The team heard during the assessment visit that the College supports Directors of Training in selecting clinical placements known to have lighter service loads for trainees as they approach the Fellowship Examination. The team commends this approach.

Commendations

J The clarity of the documents supporting the curriculum, and teaching and learning, and the ease with which these documents are accessible on the website.

K The significant contribution to the teaching and learning experiences of trainees made by the Directors of Training, Supervisors of Training, Clinical Supervisors and Mentors.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- II Continue to develop the suite of online educational resources, aligned to learning objectives and outcomes, to facilitate equitable access to teaching and learning for all trainees. (Standard 4.1.1)
- JJ Continue to engage with relevant stakeholders to ensure equitable distribution of clinical service demands among trainees to support their access to teaching and learning. (Standard 4.2.1)

5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

The most recent (2016) version of the College training program curriculum includes an assessment map setting out how the principal learning objectives in each curriculum domain are assessed. This assessment map highlights that for many of the learning outcomes, assessment is through a number of different methods and at multiple points during training. The training handbook provides detailed information about assessment during the training program.

In summary, assessment includes Clinical Sciences Online Competency Modules (covering the clinical sciences, pharmacology and research sections of the curriculum) in year 1, a range of formative assessments in the clinical workplace throughout training, summative work-based assessments throughout training and the Fellowship Examination sequence in the final training year. Specific assessment methods are described in more detail under standard 5.2.

The training handbook provides information about each assessment, including requirements for satisfactory completion, procedures and pro-formas where required, and outcomes if not completed as required. Links to related policies are embedded in the online handbook. The College's accreditation submission documents that certifying trainees' completion of the training program requirements is by the National Education Committee in the old governance structure, however responsibility for this function is not specified for the new governance structure.

The Special Consideration policy is available on the College website. Related policies are the Reasonable Adjustment Policy and Religious Observance Policy.

5.1.1 Team findings

The curriculum content and learning outcomes are assessed in logical sequence, with clinical sciences and pharmacology foundations in year 1, and continuing work-based clinical and procedural assessments throughout training, with recommended sequencing to allow and encourage graded acquisition of skills. This sequencing is not prescriptive in that trainees are permitted to attempt assessment in any particular area as opportunities arise. Periodic summative in-training assessment allows documentation of progress in clinical practice and development of professional qualities, opportunities for identification of areas for remediation, and regular discussion of progress and on-going learning plans with supervisors.

The recent change in pharmacology to online modules with assessment, rather than an examination in the first 12 months of training, is a positive response to decrease the burden of assessment as year 1 trainees transition to registrar positions in dermatology. The College has recognised that trainees should complete the pharmacology module within three months of commencing the first year of training, as the content is very specific to dermatology practice and unlikely to have been acquired in other clinical settings. Trainees spoke positively of the move to online module, and the College is encouraged to further consider requiring early mandatory completion in the first few months of training. In feedback on the draft accreditation report, the College reported that it will monitor whether having now mandated that the pharmacology module to be completed within the first three months, if this is seen as a positive move, by seeking

further trainee and supervisor feedback in 12 months' time. The AMC expects the College to report on the outcome of these findings in its progress reports to the AMC.

The information about assessment in the training program is readily available to trainees, supervisors and members of the College and is clearly presented in curriculum documents, the training handbook and associated policies.

As detailed under standard 1.2.1, the team notes that the charter for the Academic Standards Committee does not include certification of trainees' completion of fellowship requirements in the responsibilities of the committee. The responsibility for this function will need to be clarified in reporting under condition 1 of standard 1.

The Special Consideration Policy is available on the College website and this document clearly sets out the allowable grounds and application process for special consideration. The team was made aware of a number of examples where special consideration or reasonable allowance has been applied.

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

During the four-year training program, trainees undertake a number of assessments including assessments of knowledge, clinical skills and professional qualities. The assessments are as follows:

Clinical Sciences Online Competency Modules (CSOM)

These online modules must be satisfactorily completed within the first year of training. The modules cover components of the clinical sciences, pharmacology and research sections of the curriculum. Currently modules may be completed in any order. As noted previously, in feedback on the draft accreditation report, the College reported that from 2018 the pharmacology module must be completed in the first 3 months of training. For each module an auto-marked multiple true/false test is attempted as many times as required to achieve the 75% correct competency standard. Trainees who do not satisfactorily complete the CSOM in year 1 will be dismissed from the training program.

Summative In-Training Assessment (SITA)

The SITA assesses trainees in the domains of clinical expertise and professional qualities. The professional qualities domain is further subdivided into communication, quality and safety, cultural competency, leadership and management, health advocacy, teaching and learning, and ethics. Behavioural descriptors under each category relative to stage of training are scored using a four-point scale from 'unsatisfactory' to 'meets expectations'. The scale includes a borderline score of 'requiring some development'. For each rotation in a training year, trainees are required to complete the SITA process. According to the training handbook, the minimum number of SITAs per year is two. All Clinical Supervisors who have worked with the trainee during the rotation being assessed complete SITAs. Individual supervisor assessments are not seen by the trainee. The number of supervisors, and thus SITAs completed, will vary and the form documents the frequency with which the supervisor interacts with the trainee and if they have completed other assessments with the trainee. Criteria for an overall unsatisfactory SITA are clearly described on

the form. The Supervisor of Training (SoT) collates a summary of the SITAs for the rotation, then meets with the trainee to provide feedback, discuss trainee progress and the trainee's Rotation Learning Plan. The training handbook adequately describes the SITA process, the criteria for unsatisfactory SITA summary and the consequences. Remediation requirements and processes are documented in the training handbook as a flow chart. This process is also documented in relevant policies.

Work-based Assessments

All work-based assessments are directly observed in clinical settings, and marked on structured forms by the observer. Trainees may attempt these assessments as often as required, until assessed as competent by an assessor. It is expected that these assessments will be attempted on a regular basis throughout the year and all attempts are logged in the trainee online portfolio.

There are three types of trainee-led competency work-based assessments:

Case-based Discussions (CBD)

Four CBD are required each year. These are described as structured discussions between a trainee and a supervisor to evaluate the trainee's clinical practice, interpretation, decision making and professional judgment. It is intended that cases in which the trainee has had a significant role in clinical decision making and patient management will be selected for this assessment. There is a requirement that the discussion of the case is explicitly linked to the curriculum content and learning outcomes. For a satisfactory performance on this assessment, the trainee must achieve a 'competent' rating on all seven elements of the case presentation and discussion (record keeping, history taking, differential diagnosis, investigation plan, interpretation of clinical findings, establishing a working diagnosis, and management plan). If significant areas for development are identified from any CBD, the trainee in consultation with the supervisor is expected to develop a remediation plan.

Procedural Dermatology Assessments (ProDA)

The ProDA assesses competency in designated procedures, drawn from the procedural dermatology curriculum including surgery and other therapies. The assessment objective is to assess that routine clinical procedures are performed effectively and safely. Four ProDA are required in each of year 1 and year 2, and three in each of year 3 and year 4. The training handbook provides guidance about which procedures are appropriate for each year level, however trainees may attempt any procedure as the opportunity arises. The assessor completes a procedure-specific ProDA assessment form and provides formative feedback to the trainee.

Dermatology Clinical Evaluation Exercise (Derm-CEX)

Three Derm-CEXs are required per year, with one having proscribed content in year 1. The assessment objective is to determine the trainee's competence in conducting an initial patient consultation including effective communication, history taking, informed consent and physical examination. Trainees are expected to undertake Derm-CEXs in various clinical settings and across a range of content areas.

Fellowship Examination

The College Fellowship Examination is a suite of assessments conducted over a three-month period (from June to August) each year. The training handbook sets out the eligibility criteria to attempt the Fellowship Examination. The procedure for application for the examinations is also in the handbook. Trainees are required to pay the full Fellowship Examination fee whether they sit part or all of the assessment. The Fellowship Examination has the following components:

Part I: Written Papers

Four written papers are administered in June each year in capital cities. There are two papers of three hours each in Dermatological Medicine I (Parts A and B). Each of these consists of six clinical scenarios with associated short answer questions. Mark allocation per question is variable. A penalty of up to 50% of marks for that question may be imposed for answers that indicate 'dangerous practice'. There is one three-hour paper in Dermatological Medicine II. This is a 100 true/false type questions (each with five parts). Marks from the Dermatological Medicine I and II papers are combined to determine the Medical Division score. There is one two and a half hour paper in Procedural Dermatology with 100 true/false type questions (each with five parts). Negative marking is not used in the true/false papers. Both the Medical Division and Procedural Division components of the written papers must be passed for candidates to proceed to the Parts II and III viva assessments in July and August. The pass/fail standard for each written paper is the cohort mean minus one standard deviation.

Part II: Dermatological Medicine Vivas

There are four viva assessments conducted in each region over a single weekend in July each year. The pass/fail standard for each of the four components is the cohort mean minus one standard deviation. Irrespective of performance in these assessments, the candidate progresses to the Part III Clinical Vivas: the Medical Division long case and the Procedural Dermatology vivas.

Histopathology viva

Candidates are assessed by two examiners (one pathologist and one dermatologist) after examining five histopathology slides in the preceding fifty minutes. The viva is of thirty minutes' duration.

Online Laboratory Dermatology and Online Dermoscopy

These two assessments are online invigilated examinations, in MCQ format. Each question may have one or more correct answers. Wrong answers selected incur a penalty.

Short Case viva

Clinical photographs are used to present six cases in this thirty-minute viva with two examiners.

Part III: Clinical Vivas

These assessments are held in capital cities on rotation over two consecutive days (Friday and Saturday) in August each year. Each of these assessments must be passed, and the pass mark for each is determined as the cohort mean minus one standard deviation.

Medical Division: Long Case Vivas

Candidates are assessed on three long case vivas each involving two separate cases with real patients, by three different pairs of examiners. Candidates have thirty minutes to assess the two cases with five minutes pre viva preparation. Immediately following, candidates have twenty minutes with the pair of examiners for that long case viva. They then move to the next long case viva. The examiners mark independently using a pre-determined rubric for each case, then discuss the candidate and reach consensus with reference to each item on the rubric.

Procedural Division: Procedural Dermatology viva

This viva consists of six stations, each one having a specific content theme such as lasers, surgery etc. Clinical photographs are used as case material. As with the long cases, each examiner marks independently according to a pre-determined rubric, and then the examining pair reaches consensus by discussion.

For clinical vivas (histology, medical short case, medical long case and procedural viva), examiners will also award a 'global competency score' (GCS) in addition to scoring against the pre-determined rubric. For these assessments a borderline category of performance is defined as between mean minus one standard deviation and mean minus 1.25 standard deviation. The GCS of borderline candidates is considered, and candidates deemed 'competent' may be awarded a pass.

In order to determine the final result in the Fellowship Examination, a score in the Medical Division (histopathology viva, online laboratory dermatology, online dermoscopy, short case viva and long case vivas) and in the Procedural Division (procedural dermatology vivas) is calculated by adding the respective components. A pass standard is required in both divisions.

Trainees are permitted four attempts at the Fellowship Examination, with each sitting of any part of the examination counted as one attempt. Trainees who pass the written component but are not successful in the clinical component may 'carry' the written component for one further attempt at the clinical component. A third attempt entails taking the whole assessment suite again. For each attempt, the full fee must be paid.

Trainees have access to past papers and Chief Examiner reports with detailed information about examination outcomes, cases and questions.

The Assessment map in the training handbook provides a high-level blueprint of the Fellowship Examination. The individual written examinations are blueprinted to the curriculum content for medical dermatology and procedural dermatology respectively.

The College's accreditation submission states that a number of recognised methods for setting pass/fail standards are used for the examinations. The methods cited include Angoff, borderline review, norm-referenced, and Rothman global methodology.

5.2.1 Team findings

The team considers the range of methods used by the College, and the timing of these throughout the program as appropriate to assess the depth and breadth of the program learning outcomes. The SITA process provides a platform for regular in-training assessment and review of progress. Blueprinting of assessments is well implemented and there is robust review of examination questions and materials. The development of marking rubrics a priori facilitates standardisation of essay and clinical assessments.

It is important that the College is clear about the nature of all assessments as some described in the accreditation submission as formative are also hurdle requirements in that trainees may not progress or complete the program if they are not completed satisfactorily. Examples include competence in work-based assessments and completion of the online Teaching, Learning and Supervision module.

While the team viewed the recent change in the pharmacology assessment to an online module, rather than an examination, as decreasing the burden of assessment, it had not been universally endorsed. Some supervisors were concerned that acquisition of the specialist knowledge in pharmacology required for safe practice was being delayed until late in the first year of training. The College has recognised that trainees should complete the pharmacology modules within three months of commencing training and is encouraged to maintain this change rather than reverting to an examination.

The various work-based assessments (CBD, Derm-CEX, ProDA) are highly relevant to the training program and are well accepted by both trainees and supervisors. For these clinical and procedural assessments there is considerable flexibility for trainees to complete requirements as opportunities arise. There was however some evidence of variation between sites regarding how the CBD is implemented. Some sites undertake individual assessments as described in the training handbook, and others conducted 'grand round' style presentations with assessment. If such variation is acceptable, amendments to the handbook would be appropriate. One

expectation of the CBD assessment is to connect to the curriculum, and the assessment form could be improved by including space to document specific content/learning outcomes relevant to the case. For all work-based assessments it would be interesting to undertake evaluation of how many attempts trainees require before competence is attained. Supervisor training is important to ensure that these do function as competency-based assessments and that the required competency level for safe specialist practice is understood by all assessors and is consistent.

The team notes that the format for written examinations is multiple true/false questions. The College could consider changing to a different format (for example, one correct answer or extended matching). These alternative formats are recognised as being more appropriate for testing higher-level synthesis and problem solving.

The team observed the Medical Division long case and Procedural Dermatology Vivas, and commends the commitment of the National Examination Committee in implementing the clinical examinations. The process of scoring rubric development for long cases is sound, and the approach to examiner orientation to cases, standardisation and moderation of scores, is appropriate. The Procedural Dermatology Vivas do not use patients and are also similarly standardised with respect to scoring.

There are a number of issues relating to the suite of assessments that comprise the Fellowship Examination that the College should consider.

The team acknowledges the College's work to reduce the assessment burden for trainees by distributing the various components for the final Fellowship Examination across a number of months and introducing online pharmacology modules with assessment in first year. During site visits trainees expressed ongoing concerns about the burden of assessment and subsequent trainee stress, and the College is encouraged to consider how best to address these concerns. Currently the July vivas and online assessments occur on the same weekend and the feasibility of further flexibility of administration in the online assessments for Medical Dermatology should be explored. The views of trainees with regard to potential benefits to them would be important to ascertain, as trainee benefit would need to be balanced with impact on College resources required.

The logistics of the Medical Division long case and Procedural Dermatology vivas taken consecutively in a single weekend are finely tuned, and it is testament to the commitment of all involved, including College staff, examiners, patients, volunteer helpers and candidates that these assessments remain feasible with current numbers. An increasing number of trainees will require some innovative solutions, and the College recognises this. The team heard during site visits of trainee and supervisor support for two Fellowship Examination sittings per year. Currently, candidates who fail either or both of the clinical components of the Fellowship Examination may carry the successful written component for one further attempt, but are required to re-attempt the clinical examination in its entirety. The earliest opportunity for this is one year later. These trainees are categorised as 'post training candidates' and many of them are not provided with ongoing training positions. This is having significant effects on trainee wellbeing as discussed under standard 7.4. Options for allowing supplementary assessment of candidates who fail the final vivas, and the conditions for these, should be considered. It is acknowledged that the complexity of the Medical Division long case vivas may restrict options for that component.

The standardisation of the Medical Division long case vivas could be improved by a 'parallel tracks' approach to the three long cases. While it is recognised there are inherent challenges in achieving this in clinical examinations when real patients are recruited, careful attention to examination blueprinting and rubric development will facilitate this approach. It would diminish the need for post ad hoc decision to scale results as a result of varying complexity of the cases.

The recent change to 46 weeks required training time per year is discussed in detail under standards 3 and 7. The team is concerned about possible unintended adverse consequences of this change. The College must ensure that the new requirement does not impact on trainee

eligibility to sit the Fellowship Examination if trainees have less than 46 weeks in any of the first three years for legitimate reasons.

The team notes that the full fee is payable for each attempt at the Fellowship Examination, even if the written is 'carried'. The College could consider a fee structure that recognises component parts of the assessments, and this would be particularly relevant if supplementary assessments are introduced. Trainees would view such a change positively.

Notwithstanding these issues, a number of aspects of the Fellowship Examination impressed the team. A rigorous process supports question writing, review, and development of marking rubrics. The use of pre-determined marking rubrics for clinical vivas in addition to essays, contributes to ensuring that the depth and breadth of the content examined reflects that of the curriculum and is appropriately weighted. The challenge of including authentic patients in the Medical Division long cases, including case-specific marking rubrics, has been successful and is supported by dedicated examiners in the examination preparation phase. The process of independent marking against the rubric and then discussion to reach consensus works well and contributes to in-case standardisation of marking. The review of the marking rubrics by pairs of examiners prior to the assessment provides some measure of examiner calibration for the clinical long cases.

With respect to the methodology for setting pass/fail standards in examinations, the team has formed the opinion that the College is out of step with other specialist medical colleges, and with best practice in contemporary medical education. The training handbook and 2016 Chief Examiner's report document that all examination pass/fail standards are currently determined as the cohort mean score minus one standard deviation. Despite the College's accreditation submission noting use of multiple methods, others are not currently evident. Current standards are all norm-referenced, including the borderline range.

The use of norm-referenced standard setting is of considerable concern to trainees and supervisors because of their perception that this method may result in competent candidates failing when there is a high performing cohort. The team was concerned to hear examples of undesirable behaviour driven by trainee competition for advantage in the examinations, such as refusal to share learning and examination preparation resources. Trainees also expressed concerns that norm-referenced standard setting negatively impacts on their wellbeing, increasing their stress related to the Fellowship Examination.

During the accreditation visit the team became aware that the perception of College fellows and staff is that norm-referenced standard setting has been recommended to the College by the AMC. Accordingly, AMC documents relating to accreditation of the College between 2011 (also incorporating 2007 accreditation) and 2016 were reviewed, with associated college reports. This review has not identified explicit advice from the AMC to the College recommending norm-referenced pass/fail standard setting.

Previous AMC accreditation reports and feedback on the College's progress reports have emphasised the importance of the College implementing, documenting, and making public pass/fail standard setting for examinations. Current training program materials clearly document the norm-referenced process but do not provide substantive information about other methods used. It is acknowledged that for some assessments candidates whose scores are in a norm-referenced borderline range are further discussed and the examiners' judgement regarding overall competence is considered in the final decision regarding pass/fail status. This process, however does not constitute a valid criterion-referenced pass/fail standard or the implementation of a recognised borderline-group method.

Pass/fail standard setting methods suitable for the medical education context, including with small student cohorts are now well described in the literature and appropriate external expertise should be sought by the College about this.

The current AMC accreditation standards are explicit about the requirement for the use of valid methods for determining pass/fail cut scores in assessments. Those colleges accredited under

these new standards to date have documented the use of criterion-referenced standard setting methods. Although the previous standards were not as explicit with regard to pass/fail standard setting, a number of other colleges have documented criterion-referenced methods for standard setting under the previous standards.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

The Summative In-Training Assessment (SITA) process is described under standard 5.2, and occurs regularly throughout training to provide formal feedback to each trainee about performance, and progress against their learning plan for each rotation. Clinical Supervisors, who work with and supervise trainees in their day-to-day clinical activities have input into the SITA summary and are also encouraged to provide informal formative feedback in the clinical environment. According to the Supervisor Handbook, Supervisors of Training (SoTs) meet with trainees at least fortnightly for between two and four hours. The Clinical Supervisors (CSs) and SoTs also assess trainees' competency-based work-based assessment, providing verbal and written feedback on performance for these. For trainees who are not yet competent in an attempt, a remediation plan to address deficiencies is discussed between the supervisor and trainee. The regional Director of Training (DoT) is responsible for oversight of trainees' progression in the region, and meets with each trainee once per year or more frequently if required to discuss progress, review training records and provide feedback.

With respect to the Fellowship Examination, the Chief Examiner's report provides detailed information for candidates and trainees to review. Candidates who fail the Fellowship Examination receive individual detailed feedback in a formal meeting with their regional DoT and State Examiner. This discussion forms the basis of a plan to address areas identified for improvement.

SoTs have access to trainees' online portfolios, and thus their SITAs and work-based assessments, including all attempts before competence is achieved. DoTs are in regular communication with SoTs, who in turn communicate with CSs about trainees.

Unsatisfactory trainee performance is defined under the College's Unsatisfactory Performance Policy and includes unsatisfactory SITAs and/or remediation, not meeting training program and/or employment requirements, multiple complaints, unsafe practice, and misconduct. With respect to the SITA, there is a well-documented and graded response to unsatisfactory performance. After one unsatisfactory SITA, a formal meeting of the trainee, the SoT and the DoT occurs within two weeks, and the trainee will be placed on a Supplementary Supervision Program (SSP) with a documented Performance Improvement Plan (PIF). A formal remediation process is undertaken, including regular meetings between the trainee and the SoT. Satisfactory remediation results in the trainee continuing in the program. If the trainee does not satisfactorily address the issues of concern, a probationary period is invoked and continued unsatisfactory performance may lead to dismissal from the training program. Similar processes apply to other forms of unsatisfactory performance or misconduct and are outlined in the policy. The College

has a mentoring program and employee assistance program available to trainees for additional support.

The College's accreditation submission notes that in cases of unsatisfactory performance and/or misconduct 'necessary staff at the hospital/place of employment will be informed as appropriate.' The Unsatisfactory Performance by Candidates Policy does not include details of the circumstances in which a notification to the employer or the regulatory authority will occur.

5.3.1 Team findings

Formal processes for provision of performance feedback to trainees are well developed with appropriate supporting documentation. There is also a clear expectation that trainees will seek informal feedback from their CS on a regular basis, particularly as they attempt the various work-based assessments. The information about each Fellowship Examination in the Chief Examiner's report is comprehensive and could also be used effectively by the successful candidates to reflect on their strengths and areas for development. Trainees expressed the view that individual detailed feedback to successful candidates would be desirable, however as this is unlikely to be feasible, the College could consider making the Chief Examiner's report available in a shorter timeframe after the examination to promote trainee reflection on performance. The provision of detailed individual feedback to unsuccessful candidates in a supportive environment is commendable.

The resources for supervisors on the College website provide excellent information about the roles and responsibilities of the CS, SoT and DoT, as well as guidance about how to give effective feedback. The team noted, however that the Supervisor's handbook requires updating to reflect the new governance structure. Supervisors who have completed the now discontinued Certificate IV program spoke positively about this. The current three-module supervisor's online course provides basic information, including a module on feedback and management of the trainee in difficulty. The College has indicated plans to further develop supervisor resources about effective feedback to trainees and this would be positive. As part of this initiative the College may consider resources for trainees about seeking effective feedback.

The team was impressed by the clear process for managing trainees with unsatisfactory performance and the structured, well-supported approach to remediation. However, it is critical there is absolute clarity and consistency in all documentation relating to this process. The Training Program Handbook appendix, the Supervisor Handbook and the Unsatisfactory Performance by Candidates Policy each include a flow chart about the SITA process and the Supplementary Supervision Program (SSP)/Performance Improvement Form (PIF) procedure for unsatisfactory performance. The information is inconsistent in these flow charts, on the one hand suggesting an unsatisfactory SITA results in the trainee on probation after two unsatisfactory SITAs, and on the other that the probation pathway is activated after the third unsatisfactory assessment.

It is currently unclear what formal procedures are in place for informing employers or regulatory authorities as appropriate when there are concerns about patient safety in relation to a trainee's performance in work-based assessments, SITAs or other assessments. The team accepts that Heads of Department are in regular contact with the SoT, however this communication does not meet the requirements for formal College notification of concerns. The College must formalise, and make publicly available, the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of trainee assessment.

5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

The education committee structure of the College supports alignment of assessment with the curriculum, and structurally promotes maintaining comparable practice and standards in assessment in the clinical environment across regions. The College also has a number of documented internal processes for regular review of assessments.

Item analysis of MCQs is routine, with poorly performing items removed from examinations. The reliability of the MCQ examinations is provided to trainees and supervisors in the Chief Examiner's report.

The College is currently undertaking a review of SITA data with the intent of determining any systematic patterns in trainee performance. This information is intended to inform the next curriculum review.

With respect to the Fellowship Examination, data is sought from trainees and observers each year. Observers, usually one external and one internal, attend the Fellowship Examination each year, providing a formal report. The College has instituted reform in response to these reports. The College also undertakes ongoing review of pass rates for the Fellowship Examination, and has identified some important questions arising. To date, these issues have not been further evaluated.

The College has commissioned two external reviews of assessment in 2007 and 2012.

5.4.1 Team findings

The education governance structure of the College is well suited to ensuring that assessments are aligned with the curriculum and implemented in a consistent manner across training sites. The process for developing and reviewing assessment items promotes the validity of assessments. The reported reliability of each of the MCQ examinations is appropriate for these high stakes assessments.

Feedback about the Fellowship Examination is sought from trainees and from observers, and the team is satisfied that the College responds to this feedback after due consideration.

The College is in the early phases of assessment quality evaluation and further development is required. There is a need for the College to take a more deliberate approach to evaluation of assessment. Follow up studies of the important questions raised about assessment to date and those documented in the College's accreditation submission will be part of this. A systematic approach to evaluation of assessment quality should be part of the College's overall training program evaluation plan.

Commendations

- | | |
|---|--|
| L | The changes implemented to reduce the burden of assessment for trainees, including the recent replacement of the pharmacology examination with online modules. |
| M | The use of a patient-based clinical assessment in the Fellowship Examination, supported by the robust development of marking rubrics and examiner protocols to achieve optimal standardisation. |
| N | The provision of comprehensive individual feedback to candidates who fail the Fellowship Examination and the detailed Chief Examiner's report after each Fellowship Examination available to all trainees and supervisors. |
| O | The documented, comprehensive, fair and supportive processes for managing trainees in difficulty. |

Conditions to satisfy accreditation standards

- 16 In relation to the Fellowship Examination:
- (i) Develop a plan for increasing the frequency of the examination for all candidates and/or supplementary assessment for candidates who fail a single clinical component. (Standard 5.2.1 and 7.4.1)
 - (ii) Provide appropriate consideration of special circumstances for applicants that are rendered ineligible to sit the examination, as a result of not meeting, for legitimate reasons, the increased number of training weeks required in each of the first three years of training. (Standard 5.2.1 and 7.4.1)
- 17 Implement, document and publicise valid pass/fail standard setting procedures for all examinations, including specific procedural details of how pass/fail decisions are determined for borderline candidates. Methods used must be consistent with current best practice in medical education. (Standard 5.2.3)
- 18 Ensure that all training program resources for supervisors and trainees are updated to reflect the new College governance structure and that all documents are consistent with regard to the Summative In-Training Assessment (SITA) process and the Supplementary Supervision Program (SSP)/Performance Improvement Plan (PIF) for unsatisfactory performance. (Standard 5.3.3)
- 19 Formalise, and make publicly available, the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of trainee assessment. (Standard 5.3.4)
- 20 Develop and document a systematic approach to quality assurance methods with respect to all types of College assessments. (Standard 5.4.1)

Recommendations for improvement

- KK Consider requiring completion of pharmacology modules in the first few months of training. (Standard 5.1.1)
- LL Clarify in the training handbook which assessments are hurdle versus formative requirements. (Standard 5.1.2)
- MM In relation to the Case-based Discussion assessment:
- (i) Consider and document the range of acceptable ways in which the assessment is undertaken to reflect current practice.
 - (ii) Modify the assessment form to make explicit the curriculum content and learning outcomes that relate to the case presented. (Standard 5.2.1)
- NN Consider changing the format for MCQ examinations from multiple true/false questions to one correct answer or extended matching. (Standard 5.2.1)
- OO Consider further standardisation of the Medical Division long case viva using a 'parallel tracks' approach. (Standard 5.2.1)
- PP Review the options and develop a plan for managing the possible increase in the number of candidates sitting the Fellowship Examination. (Standard 5.2.1)
- QQ Release the Chief Examiner's report on the Fellowship Examination in a shorter time frame after the examination to promote reflection on performance by successful candidates. (Standard 5.3.1)

6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Standard 6.1 requires two important activities: monitoring the delivery of the College's training and education programs, and obtaining input to the development or redevelopment of those programs.

The College undertakes activities to collect data and obtain feedback on its educational program. These activities are primarily directed at monitoring the College's training and educational processes.

Feedback on the delivery of the training program is obtained from a number of sources including trainees, new fellows and supervisors. The College uses a variety of methods to obtain feedback on the delivery of the training program including surveys, workshops, written feedback from examinations and from accreditation processes.

Monitoring activities of the College include:

- A range of surveys on a number of areas:
 - Supervisor teaching and learning
 - Certificate IV program
 - 1st and 3rd year workshops
 - National Skin School
 - Work-based assessments
 - Rotations.
- Up until 2016 the College had run a 'census night' where surveys were sent to all fellows and trainees. This included surveying supervisors on a range of issues relating to the College's training and educational processes. This is currently under review and was not conducted in 2017 nor 2016.
- Targeted surveys for specific purposes are carried out as required. Examples include evaluation of the Certificate IV program, the implementation of the pharmacology modules during the first year of training, curriculum reviews, and views concerning bullying and harassment in the training program.
- The College gathers data from recently completed graduates regarding the College's educational and training processes. The data does not provide monitoring on the achievement of graduate outcomes.
- The College has specific surveys that facilitate continual review of the Fellowship Examination. This includes surveys of candidates and written reports from observers.

6.1.1 Team findings

The team identified a commitment from the College to monitor its training and educational processes. The team found that the majority of the College's monitoring occurs using surveys. The survey instrument is used in both regular monitoring but also for monitoring of specific change. In the case of the former, this has been conducted primarily through the 'census night' surveys. These surveys allow trainee, recent graduate and supervisor feedback to drive program development. These surveys have been on hold for the previous twelve months as the College is currently reviewing the survey load on both trainees and fellows. In the case of the latter, the team considers that the College has been proactive in monitoring a number of recent changes to the training program. These included changes to supervisor training and changes to pharmacology assessment. In both situations, the College made changes based on feedback from trainees and/or supervisors and then monitored the success of the changes once they were implemented. Some monitoring is conducted through other activities such as training site accreditation. Other than surveys and accreditation of training sites no other instruments are used systematically for monitoring and evaluation.

The team found a marked discordance between the College's perceptions of certain issues and the feedback from trainees and supervisors to the team via AMC surveys and during site visits. This suggests that the current strategy and instruments need to be revised to better capture the feedback of trainees and supervisors. The College must implement regular and safe processes for trainees and other stakeholders to provide feedback about program delivery and program development including their perception of the achievement of graduate outcomes.

The College is recommended to establish a regular and safe process for the feeding back of information gathered from monitoring activities to the individuals concerned, especially to supervisors.

The team did not find evidence of an overarching framework or strategic approach to monitoring and obtaining stakeholder input to the College's training and education programs. Specific governance or operational plans did not guide these activities and no governance body or staff were specifically tasked with this responsibility. With this lack of direction the College is unable to broaden the monitoring activities beyond trainees and fellows of the College.

It is recommended that the College develop an overarching framework or strategy regarding a whole of program approach to monitoring, evaluation and feedback. This should facilitate regular and systematic review.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

Standard 6.2 requires that the College has a framework for evaluating its program and graduate outcomes. As well as systematically evaluating participation in the program and satisfaction of trainees and supervisors with the program, this could include assessing the impact of the program on learning and behaviour, the outputs of the program in terms of number and characteristics of graduates and/or the outcomes of the program in terms of improving dermatology care for the community.

Such a framework might include goals for participation, satisfaction, impact, outputs and outcomes. These goals could form the standards against which the training program is evaluated and hence the impetus for change to improve the performance of the training program.

This evaluation framework should also include inputs from a number of stakeholders. This could include, but not be limited to, trainees, supervisors, recent graduates and fellows as well as external stakeholders such as consumers, health jurisdictions, other medical specialties and Aboriginal and Torres Strait Islander peoples of Australia.

The College produces quantitative data about the progress of trainees through the program as well as the number of graduates. As discussed under standard 2, the College has been involved in the evaluation of workforce data and this has produced modelling of the future dermatology workforce.

6.2.1 Team findings

The team identified a number of activities that the College undertakes to evaluate aspects of its training program. This includes producing quantitative data about the progress of trainees as well as the number of graduates and the evaluation of workforce data. In its accreditation submission, the College identified the curriculum as the standard by which its training program is evaluated, implying success if a trainee completes the program and passes the assessment satisfactorily. The team notes that the College also gathers some qualitative data in surveys. The team did not find evidence of a framework for evaluation of the College's training program.

The team considers this a narrow interpretation of the standard and fails to address the broader aims of the standard, especially in relation to program outcomes. For example, there are a number of areas in which the College could undertake evaluation activities, including evaluating the characteristics of trainees appointed to the training program or set goals to increase diversity; measure the satisfaction of trainees with the program, especially in later years of training; measure outcomes in terms of graduate readiness for work from either the perspective of the graduate, the referrer or the health jurisdiction or employer; measure the outcomes of its program in terms of access to high-quality dermatological care through redress of maldistribution. The team recommends that the College develop a framework for evaluating the training program that includes goals for participation, satisfaction, educational impact, outputs and outcomes.

The team also noted that stakeholder input into evaluation was limited. While trainees, supervisors, graduates and fellows are all surveyed, little data from outside the College is gathered. There is no structured process for the involvement of consumers, Aboriginal and Torres Strait Islander peoples, jurisdictions or other medical specialties in the evaluation activities of the College.

The team recommends that the College implement regular and safe processes for both internal and external stakeholders, including consumers, Indigenous peoples, medical specialties and health jurisdictions to provide feedback about program delivery and program development.

The team did not find variation in the type of data collected by the College through existing evaluation activities. Ideally, the data should be from multiple sources and be both qualitative and quantitative in nature. A variety of monitoring and evaluation instruments will be required. It is recommended that the College collect, maintain and analyse both qualitative and quantitative data on its processes, program and graduate outcomes with the help of external experts where necessary.

The team also considered that the Trainee Representative Committee is underutilised in this aspect of College business. As the conduit between the College and trainees, the committee could be involved in improving evaluation processes concerning trainees as well as providing feedback from the College on the results and outcomes of the evaluation activities. The team recommends the College engage the Trainee Representative Committee in the development of processes for

the provision of trainee feedback to the College and for the distribution of the monitoring and evaluation reports.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

Standard 6.3 requires the College to 'close the loop' on monitoring and evaluation activities by reporting back to internal and external stakeholders. This feedback should include how their feedback and data were used in the evaluation, what changes resulted from the evaluation and whether this evaluation and the changes that ensued from it improved the performance of the training program as a whole.

The College manages concerns about or risks to the quality of its training program through a number of mechanisms. These concerns can be raised by the network of Directors of Training, Supervisors of Training, and Clinical Supervisors through the National Training Committee. Similar processes exist in other committees such as the National Examination and Assessment Committee. Ultimately the Academic Standards Committee and Board manage these. Concerns of supervisors and trainees about the quality of training at sites between accreditation visits are managed by the National Accreditation Committee.

There is also the informal avenue via College staff for supervisors and trainees to raise their concerns.

Recent or ongoing reporting activities include:

- the ACD Annual Report
- the College magazine, *The Mole*
- the results of the bullying and harassment survey
- regular email communication with trainees and supervisors
- contributions to the Australian Medical Training Review Panel Report.

Actions that have resulted from, or were influenced by the College's monitoring and evaluation processes include:

- the new training curriculum framework
- revision of supervisor training materials including abandoning the Certificate IV program
- changes to the assessment of pharmacology in the first year of training
- changes to the timing of different components of the Fellowship Examination
- revisions to the overseas training posts.

6.3.1 Team findings

The team found that the College regularly reports the results of its monitoring and evaluation activities through its governance and administrative structures. This occurs at the regular committee and Board meetings. While some high-level information on outcomes of the training

program are published in a variety of reports, the College does not produce a regular summary of monitoring and evaluation that is available to internal and external stakeholders. Once a monitoring and evaluation framework is established as discussed under standard 6.1, processes for reporting back to internal and external stakeholders should be considered. The team recommends that the College develop a regular monitoring and evaluation report that describes how feedback has been evaluated, what actions have been taken and whether goals for improvement have been met. This should include plans to distribute results to those who provided feedback.

The College is regularly in communication with trainees and supervisors, primarily through College publications and electronic communication. In the AMC survey of trainees, 40% of trainees agreed or strongly agreed with the statement 'The College informs trainees how their views are considered in decision making relating to the structure and content of the training program' and 53% of supervisors agreed or strongly agreed with the statement 'Supervisors receive adequate feedback on how the College responds to issues of concern to supervisors'. This highlights that the College is communicating well to its internal stakeholders.

The College has an established risk management policy that identifies a variety of areas of risk. This is primarily managed as part of the College's broader risk management strategy and is the responsibility of the College Audit Committee. Reports from committees have also been identified as a mechanism to manage risk. The material provided to the team focuses on risk from a pragmatic perspective and does not recognise program level risks to the quality of the training program. Important considerations may be the quality of training sites, the delegated responsibility of supervisors and the appropriateness of trainee experience.

Commendations

- P The contribution of trainees, graduates and supervisors to monitoring the training and educational processes of the College through a variety of means including surveys, site accreditation, workshops and examination feedback.
- Q The utilisation of monitoring, evaluation and feedback on a case-by-case basis to recognise and improve aspects of the training program. Examples include the changes to pharmacology assessment, views concerning bullying and harassment in the training program and changes to supervisor training.

Conditions to satisfy accreditation standards

- 21 In relation to monitoring, evaluation and feedback:
- (i) Develop a framework for monitoring and evaluating the training program. The evaluation framework should include goals for participation, satisfaction, educational impact, outputs and outcomes.
 - (ii) Establish the governance and operational structures to implement the framework.
 - (iii) Institute regular reporting that describes how feedback has been evaluated, what actions have been taken and whether goals for improvement have been met. This should include plans to distribute results to those who provided feedback. (Standard 6.1, 6.2 and 6.3)
- 22 Implement regular and safe processes for trainees and other stakeholders to provide feedback about program delivery and development, and their perception of the achievement of graduate outcomes. (Standard 6.1.3)
- 23 Implement regular and safe processes for external stakeholders, including consumers, Indigenous peoples, medical specialties and health jurisdictions to provide feedback about program delivery and development. (Standard 6.2.3)

Recommendations for improvement

RR Engage the Trainee Representative Committee in the development of processes for the provision of trainee feedback to the College and for the distribution of monitoring and evaluation reports. (Standard 6.2.3)

7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
 - use the published criteria and weightings (if relevant) based on the education provider's selection principles
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. 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.

Selection into the ACD training program is managed through a centralised national process. Information on the selection process is publicly available on the College website. In February each year, applications are advertised on the College website and in the Australian Newspaper. Eligibility criteria stipulate that applicants must: be registered for medical practice in Australia; have permanent residency status in Australia or permitted to remain in Australia indefinitely; and be likely to have satisfactorily completed a minimum of two years of acceptable postgraduate training in a teaching hospital or equivalent at the time of commencing the training program.

Applicants complete the online application form prior to applications closing at the end of March and rank the states to which they wish to apply. Applicants may apply up to a maximum of four times.

The curriculum vitae (CV) submitted by each applicant is assessed against standardised weighted criteria. All CV marking takes place in Sydney on the same day. Two representatives from each state Faculty (Director of Training and a second representative) participate in CV marking. The names of all applicants are forwarded to the CV assessors who declare any conflicts of interest. Assessors do not participate in the marking of applicants for whom they have identified a conflict of interest. Assessors are divided into pairs, usually with another assessor from a different state. Each CV is then assessed by two pairs of assessors.

In 2017, some criteria were amended: Community Involvement and Leadership was amalgamated into one criterion, and the general Striving for Excellence category was removed. Explicit weightings for each criterion were also introduced. There are now five criteria used to assess CVs (weighting listed in brackets): Academic performance (x1.5); Employment history/clinical experience (x3.0); Demonstrated interest in dermatology (x3.0); Academic presentations and publications (x1.5); and Community and Leadership (x1.0). The criteria listed on the ACD website pre-date the changes implemented in 2017, but remain broadly consistent.

The weightings are not listed, but the website highlights that previous experience in dermatology is favourably viewed, in line with the highest rated categories. Once all CVs have been assessed, the whole group of assessors review the ratings for each candidate. Where a candidate has a difference of two or more rating scores between the scores allocated by each pair of assessors, the scores are reviewed by the whole group of assessors.

Applicants are then ranked according to their CV score. For applicants above the cut-off score, a reference check is performed. This takes the form of a structured telephone interview performed by an external consultant with one of the applicant's nominated referees.

Each state Faculty receives a list of the candidates progressing who have nominated their state as a preference, together with the candidate's CV and reference check. Each state Faculty determines which candidates it wishes to interview and informs the College, based on the projected number of vacancies in each state. Applicants below the cut-off CV score or who are not selected for an interview do not progress further and are sent an email with feedback on their CV, which highlights their best performing and two poorest performing categories.

Candidates selected for interview complete a Hogan Personality Test online. This is designed to assess for qualities identified as being desirable among dermatologists, based on an external review previously commissioned by the College. In 2017, the College moved from having the Hogan Personality Test overseen by a psychologist to being overseen by an external consultant. As part of this change the College now has access to the data generated, which it previously did not. All interviews are held at the College's office in Sydney. Each candidate is assessed by a medical and behavioural panel. Three representatives from each Faculty (15) and four community representatives are divided into two behavioural and two medical panels. In previous years, a psychologist was involved in developing questions for the behavioural panel but in 2017 questions were developed by the ACD Selection Committee. The behavioural panel also explores any issues raised by the Hogan Personality Test with each candidate. The first six candidates are assessed by both the medical and behavioural panels to enable the panels in each stream to standardise their assessments. Candidates complete a reflection on their interviews.

At the end of the interviews the two medical panels meet to rank candidates. The process is also undertaken by the two behavioural panels. Each state Faculty then meets to rank candidates, based on their medical and behavioural interview scores and CV scores, to determine who will be given offers.

The College's Reconsideration, Review and Appeals Governing Policy and Procedure applies to decisions on selection. These documents are publicly available on the ACD website to all applicants.

Compulsory training requirements predominantly relate to the timing of commencement and duration of training. These requirements are published on the ACD website and in the Trainee Handbook, which is also publicly available on the website. The process for applying for exemption from these requirements is outlined in the Variation of Training Policy which is publicly available on the website and referenced on the selection page of the website.

As of January 2017, the College currently has two Aboriginal and Torres Strait Islander trainees supported through Specialist Training Program (STP) funding. The College indicated from 2018, STP funding will no longer be dedicated to the funding of specific groups however the College retains administrative control and has determined that a dedicated Aboriginal and Torres Strait Islander trainee program will continue.

The College provides information on the website on the number of positions filled each year. Year of entry numbers from 2010 to 2016 are given in the following table:

| Number of training positions filled (where FT = full-time and PT = part-time) | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Faculty | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| New South Wales | 7 | 7 | 3.5 | 5 | 7 | 6.5 | 4 |
| New South Wales Rural | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| New South Wales PhD/FACD | N/A | 1 | N/A | N/A | N/A | N/A | N/A |
| Queensland | 4.5 | 2.5 | 6 | 1.5 | 6 | 2 | 4.5 |
| South Australia | 1 | 2 | 4 | 1 | 3 | 0 | 6 |
| Victoria | 8 | 5 | 6.5 | 8 | 8.5 | 3 | 5 (2x0.5) |
| Aboriginal and Torres Strait Islander trainees | N/A | | | | | 1 (VIC) | 1 (NSW) |
| Western Australia | 0 | 0 | 2 | 2 | 0 | 2 | 2 |
| Total | 21FT 1PT | 18FT 1PT | 21FT 2PT | 18FT 1PT | 25FT 1PT | 15FT 1PT | 23FT 3PT |

7.1.1 Team findings

The College has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection measured against qualities that have been determined as desirable in dermatology practice. The centralised national administration of the process allows the selection process to be applied consistently across state Faculties, without discrimination and bias.

The process for selection into dermatology training is regularly evaluated, and encompasses the principles of transparency and fairness and is capable of standing up to external scrutiny. The College should ensure the CV assessment criteria published on the website are up to date. Initial feedback from the 2017 selection is that the changes implemented have provided the College with more control of the process, and the support provided by the external consultant has been sufficient to enable the administration of the behavioural questions and the Hogan Personality Test without the direct involvement of a consultant psychologist. A formal review is currently being completed and it will be important for the College to complete the evaluation of these changes.

The ACD selection process includes a process for formal review, the details of which are available to candidates prior to selection. Trainees are also able to access information about the mandatory training requirements prior to selection, as well information about the process for seeking exemption.

The College has demonstrated leadership in supporting the recruitment of Aboriginal and Torres Strait Islander trainees. It will be important for the College to implement mechanisms to continue to prioritise the recruitment of Aboriginal and Torres Strait Islander candidates now that Specialist Training Program funding is no longer tied to the appointment of Aboriginal and Torres Strait Islander applicants. In addition, the team recommends that the College develop strategies

to support the specific wellbeing needs of Aboriginal and Torres Strait Islander trainees, recognising the additional challenges faced by this group.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

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

The College has a Trainee Representative Committee that comprises trainee representatives from each state Faculty. Trainees in each state are asked to nominate to sit on this committee. It is uncommon for more than one person to nominate for this committee from any one state. As such, a formal process is not currently defined for competitive appointment.

The Trainee Representative Committee predominantly responds reactively to requests for contributions to selected College decisions from the Director of Education. The committee does not have an established meeting schedule, but convenes in an ad hoc manner in response to these requests. A decision has been made not to provide the Trainee Representative Committee with administrative support with the intention to enable it to function more independently from the College. The administrative management of the committee is currently performed by the Chair. There is high turnover in the membership of the committee with a predominance of trainees in their early years of training. One key driver of this is that many third and fourth year trainees elect to focus on preparation for their examinations. These factors mean that the committee has structural barriers to effectively representing trainees within the College.

The Trainee Representative Committee reports directly to the Board. The Trainee Representative Committee Chair is invited to attend Board meetings. This is by teleconference when meetings are not in the same state as the trainee Chair. Following recognition that communication via teleconference was not supporting effective meeting participation, the trainee representative from the state where the Board meeting is being held is now invited to represent trainees in place of the Chair. Prior to attending the meeting the trainee representative seeks input from the Trainee Representative Committee.

Members of the Trainee Representative Committee are invited to sit on a number of other ACD committees, predominantly within the Academic Standards branch of the new ACD governance structure. Trainee representation has also been sought in specific areas where it was felt to be relevant, including the Bullying and Harassment Presidential Taskforce. However there are relevant areas within the new structure where trainees are not directly represented, such as the Professional Standards Committee.

7.2.1 Team findings

The Trainee Representative Committee is able to provide a valuable service to the College as the voice of its trainees. However, the lack of continuity in membership or secretariat support limits the ability of the committee to function effectively, to the detriment of the College. This is reflected in the variable effectiveness of trainee representatives in engaging with their fellow state trainees and addressing their concerns with the College. There are examples where trainees have mounted coordinated efforts to influence ACD decision making, most notably in response to increased training program fees. However, the process of utilising the Trainee Representative Committee to gather feedback from trainees, integrate this in decision making and then communicate outcomes is not well established. Therefore decisions that affect trainees are often made without meaningful involvement of trainees. There is therefore scope for wider representation and more strategic integration of trainees within the ACD structure.

The College should work with the Trainee Representative Committee to ensure that trainees are effectively represented, including through the provision of administrative support to the committee and proactive involvement of trainees in decision making. It is also recommended that

the composition of the Trainee Representative Committee is reviewed to ensure the views of all trainees are effectively represented, including third and fourth year trainees, and post-training candidates. In line with other specialist medical colleges, the College should also review trainee representation in consultation with the trainee body to ensure that trainees are represented on all relevant committees of the organisation. The team noted from committee minutes that trainees attend meetings of various committees however no membership information is provided in committee terms of reference which formally details their membership role. Trainees and the Trainee Representative Committee should be empowered to be an integral part of decision making thereby enhancing the performance of the College.

The College should implement a process to evaluate whether rotational trainee attendance at Board meetings is facilitating effective representation. The College should consider supporting the trainee Chair to consistently attend Board meetings in person.

Overall the team found a widespread lack of awareness of the key role that trainees can play in enhancing governance and organisational performance. As the primary consumers of the training program, trainees can provide an alternative perspective that increases diversity within governance structures and strengthens the quality of decision making.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), 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.

The College communicates with trainees about the activities of decision-making structures and the specialist medical program via email, mail, the eLearning Portal, the training handbook, the ACD website and The Mole magazine. Training fees are listed on the College website, as is the Training Program Fees Policy, which outlines fee payment options. The training handbook includes a section that explains communication with the College to all trainees. Trainees report being able to readily access advice regarding training requirements from College staff. Directors of Training also support trainees in understanding the implications of training requirements for their individual circumstances.

Training requirements are outlined in the training handbook and reinforced in the policies and procedures that are accessible via the ACD website. In order to maintain training status, trainees are required to: maintain medical registration with AHPRA; occupy an accredited training position, or be on approved leave or be a post-training candidate with an approved mentor; have completed a valid Candidate Agreement Form; and fulfil the requirements of the training program commensurate with the expectations of the year in which they are training. It is a training requirement for trainees to have completed 46 weeks of training per year for their first three years of training, and 150 weeks in total, in order to be eligible to sit the Fellowship Examination. At present the requirement to complete 46 weeks is independent of the quality of clinical exposure during placements.

The Variation of Training Policy, accessible on the ACD website, outlines the trainee's entitlement to interrupt their training for a period of up to 12 months in situations including, but not limited to, parental leave, sick leave and family leave.

7.3.1 Team findings

The ACD communicates with trainees about the activities of decision-making structures and specialist medical programs in a timely manner through a range of mechanisms. As discussed under 7.2, the communication systems around the activities of the Trainee Representative Committee and consultation on proposed changes to the training program are less well developed, resulting in variably effective communication.

The College provides clear and easily accessible information about the specialist medical program, training status and costs. However, the implications of leave for training status is inconsistently understood. There is variable understanding of the provisions for trainees to apply for and be granted leave in circumstances when trainees would, as a result, not complete 46 weeks of training within a calendar training year. Some trainees report going to extreme efforts to ensure they complete the full 46 weeks and are therefore eligible to sit the Fellowship Examination. This includes working despite illness. Some trainees and supervisors report approval being granted for trainees to progress their training, when they have not completed 46 weeks due to unplanned leave, but have otherwise achieved their learning outcomes. However, a lack of awareness of this possibility means that some trainees forego applying for leave, despite compelling circumstances. There is also variable awareness of the ability to have training activities undertaken during personal leave from employment, to be credited towards the required 46 weeks of training. This should be extended to include participation in ACD activities that are complementary to training, such as attending ACD committee meetings. Further policy development and improved communication is needed to ensure that trainees, educators and College staff are all aware of the options for flexible and interrupted training, and the accommodation of special circumstances and that these are sufficient and consistently applied.

In addition, difficulty covering service delivery positions when trainees are on leave means that currently trainees are only able to interrupt their training for discrete periods of either six or 12 months. In some states trainees reported that the only available option was to interrupt their training for a full 12 months, with the alternative being to complete a standard year of 46 weeks training. The option of completing 46 weeks of training, or interrupting training for a full 12 months is insufficiently flexible.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

The College's national infrastructure and state Faculties work together to manage and support trainees in the learning environment. In all states, placement allocations are determined by the Director of Training. This process considers the trainees' preferences, previous rotations and need for experience across different areas of dermatology. If trainees consider they require further experience in a particular area of dermatology, they are supported to access additional learning opportunities often in private practice settings. Trainees can organise such placements through educators (Directors of Training, Supervisors of Training and Clinical Supervisors), as well as through informal networks. Trainees are encouraged to have a mentor. There is the option for trainees to select their own mentor, or to be assisted to find a mentor. Post-training candidates and trainees identified as experiencing difficulties are generally required to have a mentor.

As discussed under standard 5, the College has detailed procedures to manage trainees who have demonstrated unsatisfactory performance as outlined in the Unsatisfactory Performance by Candidates Policy. Trainees who have demonstrated unsatisfactory performance are subject to an escalating process of academic remediation. The most common trigger is an unsatisfactory

Summative In-Training Assessment, although there is scope to instigate this process if significant concerns are raised at other times. Trainees identified as having made unsatisfactory progress are placed on a Supplementary Supervision Plan (SSP) for a set period of time based on their training program (four-year local candidate or specialist international medical graduate program of variable length). The learning objectives of the SSP are set at a meeting of the trainee, Director of Training and Supervisor of Training and are detailed in the Performance Improvement Form (PIF). The plan for achieving these learning objectives and consequences of not doing so are also documented on the PIF. During the period of the SSP, candidates meet at least monthly with the Director of Training and Supervisor of Training to review progress. Trainees who successfully complete their SSP have their training time accredited and return to a normal program of training. Trainees who do not successfully complete their SSP are placed on a further three-month SSP and are referred to the National Training Committee. Ongoing failure to successfully complete an SSP may result in a period of probation or eventual dismissal from the training program.

In 2016, the College undertook a comprehensive survey to identify the prevalence of bullying and harassment experienced by members and trainees of the College. In response to the findings that bullying, harassment and discrimination had been experienced by a significant number of trainees and members, the College has developed an Action Plan on Bullying and Harassment. Some elements of this action plan have been implemented, in particular the College has introduced and publicised access to an externally provided Employee Assistance Program. The College website also promotes other support services, such as those provided by the AMA, available to trainees and members in each state. The Anti-Bullying/Discrimination/Harassment Policy and Procedure outline the process for responding to complaints from trainees, members and staff. This incorporates formal and informal pathways. The need to maintain procedural fairness is stated in the Anti-Bullying/Discrimination/Harassment Policy and further described in the Procedural Fairness Policy. For trainees and members, complaints relating to bullying, discrimination and harassment are made to the Honorary Secretary, and for staff to the CEO. Other components of the Bullying and Harassment Action Plan are yet to be implemented.

The College has developed policies to support trainees identified as being in difficulty. These policies guide Directors of Training to investigate reports, determine whether the situation is non-critical, major or critical and develop an action plan to address the specific issues identified. An action plan may include appointment of a mentor, referral to external services (e.g. counselling), time away from training or academic remediation. The Director of Training is required to inform the Dean of Education and Honorary Secretary of all trainees identified as experiencing difficulties irrespective of the assessed severity. The policy also includes a provision to comply with the Medical Board of Australia's mandatory reporting provisions and for the employing institution to be notified if a serious issue has been identified that could affect the safety of the candidate, their colleagues or patients.

7.4.1 Team findings

Most trainees feel well supported in accessing educational resources and learning opportunities. The placement allocation process is perceived to be fair and appreciated by trainees. Trainees do report significant stress resulting from the late notification of placements, particularly if required to relocate to a new area. It is recommended that the College implement a process to ensure that trainees who may have to relocate for placements receive their allocations with sufficient time to make necessary arrangements.

The team considers that the College should increase and better promote strategies to enable a supportive learning environment. Currently a number of factors contribute to an unsupportive learning environment for trainees. As discussed under standard 5, the competition among trainees as a result of norm-referenced single-point exit examinations undermines collaboration and support between trainees within and between state Faculties. This is exacerbated by a fear that those who do not pass the examination do not have access to training places. As discussed under standard 7.3, the policy that all trainees must complete 46 weeks of training a year in order

to be eligible to sit their examinations, means that some trainees do not apply for leave despite compelling personal circumstances, even when this falls within their industrial entitlement. In some circumstances decisions regarding leave approval by College representatives are made in relation to service requirements rather than training requirements. Trainees are aware of service demands and the limited options to have some positions covered is a barrier to trainees accessing leave entitlements. Further exploring the capacity to flexibly cover for periods of leave would be worthwhile. This could include drawing upon post-training candidates, specialist international medical graduates who have been deemed partially comparable, and prevocational doctors with some dermatology experience.

The College has robust systems to support trainees who are not performing satisfactorily. There is provision to inform employers where there are significant safety concerns, however the formal procedures for doing so with appropriate high-level College sign off are not clear in the Candidate in Difficulty policy. It is also not specified at what level within the employing body such notifications will be made. It would be appropriate for this to be the Chief Medical Officer or Director of medical workforce rather than the head of unit. As noted under standard 5, the College will need to clarify reporting processes to regulatory authorities and to employers when there are patient safety concerns in relation to trainee performance. The College has also undertaken important foundational work in addressing bullying, discrimination and harassment. The Employee Assistance Program is a vital provision to ensure access to confidential counselling services. Having senior members of the organisation (CEO and Honorary Secretary) nominated as the people to receive complaints about bullying, discrimination and harassment, demonstrates that the College has prioritised addressing these issues. However, it may also affect the perceived accessibility and safety of these pathways for more junior members of the organisation, such as trainees. It is recommended that the College further develop and promote internal pathways for trainees experiencing personal and/or professional difficulties to enable trainees to proactively seek advice and support. This should include, but not be limited to, the development of policy and procedures, consideration of a trainee welfare officer role and appropriate safeguards within these processes.

A comprehensive response to bullying and harassment requires full implementation of the Action Plan on Bullying and Harassment.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

As discussed under standard 1, the College's updated Reconsideration, Review and Appeals Governing Policy describes a clear process through which trainees may dispute decisions.

Currently trainees may choose to address problems with training supervision, requirements and other professional issues by reporting them to the Director of Training or another supervisor. The small size of the College allows informal networks to be used to address concerns relating to the conduct of a Clinical Supervisor, Supervisor of Training and Director of Training.

As described under 7.4, processes exist through which trainees can address concerns relating to bullying, harassment and discrimination. The Anti-Bullying/Discrimination/Harassment Policy and Procedure outline the process for responding to complaints from trainees, members and staff.

7.5.1 Team findings

The College has a pathway for the resolution of disputes between trainees and supervisors or trainees and the College through the process outlined in the Reconsideration, Review and Appeals Governing Policy and Procedure. Pathways for trainees to address problems with supervision, or disputes with supervisors are less well defined. Informal networks are often utilised. However, this also creates additional challenges in ensuring that trainees feel comfortable raising concerns and that appropriate safeguards exist in reporting systems. Further development and documentation of the processes through which trainees can raise concerns relating to supervision may help to address these barriers.

It is recommended that the College develop mechanisms for trainees to regularly provide feedback including ways that are confidential and safe (for example, surveys, focus groups). The findings of the bullying and harassment survey have highlighted the need for a pathway by which complaints (as opposed to requests for reconsideration, review or appeal of decisions) are referred to the College and appropriately investigated and resolved. A complaints process must incorporate principles of due process, procedural fairness and support for all parties.

Commendations

- R The College's selection process that is designed to achieve merit-based selection through the assessment of qualities identified as desirable in dermatologists. The selection process is applied consistently through the participation of state Faculties in a centralised national process.
- S The proactive recruitment of two current Aboriginal and Torres Strait Islander trainees through dedicated training positions.
- T The efforts undertaken to identify the prevalence of bullying and harassment experienced by members and trainees of the College, and the development of an action plan in response to this which has included providing access to an external Employee Assistance Program to support staff, trainees and members.
- U Trainees are well supported in pursuing opportunities to address individual learning needs.

Conditions to satisfy accreditation standards

- 24 Develop strategies to support the wellbeing of Aboriginal and Torres Strait Islander trainees, recognising the specific needs required and additional challenges faced by this group. (Standard 7.1.3)
- 25 Work with the Trainee Representative Committee to further develop the role of trainees and the Trainee Representative Committee as an integral part of decision making in the College.
 - (i) Ensure trainees are effectively represented on all relevant committees of the organisation.
 - (ii) Support the Trainee Representative Chair or designated delegate to attend Board meetings in person.
 - (iii) Review the composition of the Trainee Representative Committee to ensure the views of all trainees are effectively represented, including third and fourth year trainees and post-training candidates.
 - (iv) Provide administrative support to the Trainee Representative Committee. (Standard 7.2.1)

- 26 Proactively communicate with trainees to ensure there is a consistent national understanding regarding training policies and procedures, including options for flexible and interrupted training, and the accommodation of special circumstances and leave. (Standard 7.3.2)
- 27 Implement and evaluate the 2016 Action Plan to address bullying and harassment. (Standard 7.4)
- 28 Explore and address factors that contribute to an unsupportive learning environment, for example: the competition among trainees as a result of the of norm-referenced single-point exit examinations; anxiety relating to the lack of access to training placements for post-training candidates; restricted leave allowances; inconsistent and limited access to flexible and interrupted training; and decisions about leave being made in relation to service needs rather than training requirements. (Standard 7.4.1)
- 29 Create safe, accessible and formally documented internal pathways for trainees experiencing personal and/or professional difficulties to seek advice about appropriate support. This should include, but not be limited to, the development of policy and procedures, consideration of a trainee welfare officer role and appropriate safeguards within these processes. (Standard 7.4.2)
- 30 Develop pathways through which complaints (as opposed to requests for reconsideration, review or appeal of decisions) are referred to the College and appropriately investigated and resolved. A complaints process must incorporate principles of due process, procedural fairness and support for all parties. (Standard 7.5)

Recommendations for improvement

- SS Update the CV assessment criteria on the College website to ensure it reflects the most up-to-date information available. (Standard 7.1.2)
- TT Consider supporting the Trainee Representative Committee Chair to consistently attend board meetings in person. (Standard 7.2.1)
- UU Implement processes to ensure that trainees who may have to relocate for placements receive their allocations with sufficient time to make necessary arrangements. (Standard 7.3.3)

8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

Supervisor roles and responsibilities

The College has a comprehensive, well-established and defined system of supervision. The Accreditation Standards for Training Positions clearly define the minimum supervisory requirements, including the time and type of supervised activity that it is necessary for adequate training to meet the College's site accreditation standards.

Each trainee has a clinical supervisor who is normally in a substantive position at the trainee's training site. In almost all situations, the clinical supervisor is a fellow of ACD and has been for at least two years prior to becoming a clinical supervisor.

The standards specify that a clinical supervisor may not supervise more than five, but ideally three or fewer trainees. They also specify that all trainees must have at least one directly supervised dermatological surgical session per fortnight and four supervised general dermatology clinics per week. At these clinics it is specified that a clinical supervisor should not be supervising more than five trainees.

Trainees have the following level of supervision in their network:

The **Director of Training (DoT)** oversees the supervision in the state Faculty. The DoT's responsibilities include overseeing the organisation and implementation of the training program in each state and to ensure that each trainee is provided the appropriate opportunities to complete the training program. The DoT also has a role in the selection and appointment of trainees, allocation to rotations and providing assistance in managing underperforming trainees. The Directors of Training form the National Training Committee.

The **Supervisor of Training (SoT)** at each training site oversees the training program and supervises and assists the Clinical Supervisors with the day-to-day teaching, mentoring and supervision of trainees. They act as the contact point for the Faculty Director of Training. The SoT completes the Rotation Learning Plan with trainees and also organises the completion of the Summative In-Training Assessments (SITAs) in collaboration with the Clinical Supervisors. The

SoT provides feedback to trainees regarding performance and institutes Performance Improvement Forms where required.

The **Clinical Supervisor** oversees the trainee's activities at the training site. Their primary role is to provide on the job teaching, mentoring and feedback. They also observe and sign off the Work-based Assessments and complete the Summative In-Training Assessment (SITA) process.

The roles and responsibilities of the ACD Director of Training, Supervisor of Training and Clinical Supervisor are clearly articulated within the training handbook which is publicly available on the College website.

The College also has a mentoring program. The mentor acts as a third party with whom the trainee can liaise in order to discuss issues arising from training, study or other areas of concern. Each state training network sources and allocates its own mentors.

Selection of supervisors

There is no specific process for the selection of Directors of Training, Supervisors of Training or Clinical Supervisors. Instead, there are number of criteria that need to be fulfilled to be eligible to be appointed to these roles. These criteria relate to the length of time post fellowship.

The state Faculty appoints the Directors of Training. The Supervisor of Training is appointed by their Head of Department in consultation with the Director of Training. The Clinical Supervisors are appointed by their Supervisor of Training. The supervisor roles and responsibilities are described in the College's Director of Training, Supervisor of Training and Clinical Supervisor Positions Policy and ACD Training Program Handbook.

There is usually a limited pool of fellows at training sites who are eligible to become supervisors and that limits the scope for a competitive selective process.

Supervisor training

Fellows appointed to a supervisory role usually begin with a handover period from their predecessor. There is support from the College including a number of online modules covering such topics as learning and teaching, supervising and mentoring. These modules can be accessed by supervisors at any time.

As discussed under standard 3, the College invested considerable time in the development of the Certificate IV in Training and Assessment. This program has run for three separate cohorts and has undergone evolution based on feedback from the teachers and participants. After careful consideration the College has subsequently removed the Certificate IV and replaced it with a more specific program better tailored to the needs of the supervisors. It is planned that this program will be in place for 2018. At this stage there are no plans to make any of these activities mandatory for supervisors.

Supervisor monitoring and evaluation

Currently there is no direct, individual evaluation and feedback of College supervisors. There is opportunity for aggregated feedback on supervisors via site accreditation processes. More generalised feedback has been gathered by trainee and recent graduate surveys.

The College surveys supervisors to gather feedback about their experience of the teaching and learning process in relation to the curriculum and trainees.

Selection of assessors

The College has documented processes for the selection of assessors for the Fellowship Examination. Generally, the examiner should have been a fellow of the College for five years, have maintained currency in clinical knowledge and demonstrated a commitment to service of the

College. The eligibility criteria are outlined in the Selection of Examiners for the FACD Program Policy.

The College provides clear guidance on the roles and responsibilities of an examiner and these resources include information about how assessments are run and monitored. The Chief Examiner also provides leadership with the development of assessment items, and the College runs several workshops where assessments are written and reviewed.

Assessor monitoring and evaluation

The College has a number of mechanisms by which feedback is provided to examiners. This occurs informally by other examiners during workshops for writing assessment items. More formal feedback occurs via external observers that attend the Fellowship Examination vivas. These observers are invited by the College and provide a written report to the Chief Examiner at the conclusion of the examinations. There is also feedback from trainees who completed the examinations. This feedback is used to modify questions and review methodologies.

The College has also recently used surveys to obtain feedback about other assessment items such as the work-based assessments and the pharmacology examination.

8.1.1 Team findings

During the site visits, the team noted the high engagement and commitment of supervisors and assessors. Supervisors appeared generally aware of their responsibilities and were well engaged at the state Faculty level. Support for and evidence of the mentor program was less evident and seemed to vary between Faculties.

Trainees reported they were satisfied overall with the standard of supervision and that their supervisors were available and supportive. The team heard evidence that the Directors of Training and Supervisors of Training were responsive to the needs of trainees and organised suitable rostering of trainees to training sites to match their clinical experience.

In feedback received during the site visits and through the AMC supervisor survey there was general agreement that supervisors were aware of the requirements of the training program and who in the College to approach if problems arose. Supervisors seemed to be well engaged with the College, especially through the state Faculty and felt that they were well informed of changes to the training program.

The process of appointment of supervisors, despite lacking a formal selection process, appears robust with appropriate eligibility criteria and a system of peer nomination that is operating well. The team commends the close-knit nature of the specialty and the engagement of the Faculties with the local training sites. A similar process exists for the appointment of examiners. The team recommends that the College should consider developing a position description for Clinical Supervisors, Supervisors of Training and Directors of Training. The College could also consider a process for the appointment of supervisors perhaps via an endorsement process.

A potential area of weakness for the College is the process by which Clinical Supervisors who are not fellows of the College are provided with the relevant information regarding the training program and its assessment. This is particularly pertinent for supervisors of overseas posts. It is recommended that the College develop and implement a process to ensure that supervisors who are not fellows of the college maintain currency of knowledge regarding the training and assessment program.

There was general awareness amongst supervisors regarding the training opportunities provided by the College. This had been offered previously through the Certificate IV in Training and Assessment. During the site visits the team received feedback that this program was not specific enough for the needs of supervisors. The College has responded to this feedback and subsequently removed the Certificate IV program. A replacement program, better tailored to the needs of supervisors is currently being created and should be rolled out in 2018. The delivery and

implementation of this in a timely fashion is important for the ongoing success of the training program. The College must develop resources to assist supervisors in managing trainees in difficulty and with providing corrective feedback. This is an area that many supervisors feel is unsupported by the College. The team also recommends that the College consider implementing a mandated process for the training of supervisors. The College should also consider mandating supervisor training on cultural competency.

It was also apparent that there was opportunity for improvement of evaluation and feedback to supervisors on their performance. The AMC supervisor survey results reflected this with one third of training supervisors disagreeing with the statement that 'the College provides helpful feedback on my performance as a supervisor'. The College does evaluate elements of supervisor performance through surveys of recent graduates and trainees and through regular site accreditation visits but this is much more generalised and of limited benefit to individual supervisors. While the team did not receive information to the contrary, it is vital that any individualised feedback to supervisors maintains the confidentiality of the trainee.

The examination observation process does provide an opportunity for feedback to individual examiners. Similarly, the results and outcomes of the trainee questionnaire also yield useful information although the outcomes of this feedback do not appear to be fed back to trainees.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
 - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
 - makes publicly available the accreditation criteria and the accreditation procedures
 - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
 - promote the health, welfare and interests of trainees
 - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
 - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
 - ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

The College accredits training posts in Australia as well as a number of overseas training posts in the United Kingdom. These posts are in public hospitals, private hospitals and private

dermatological practices. Accreditation occurs on a five-yearly cycle. Currently there are over 40 training facility networks.

In order to ensure training positions are adequately assessed and appropriate, the College has a National Accreditation Committee comprised of fellows representing each state who undertake the assessment and review of all new and existing sites. This committee reports to the National Education Committee.

For the College's accreditation process the training site is required to submit a detailed application form. This form includes a detailed description of the type of training experiences that are available at the site. A site visit is then conducted by two to three members of the National Accreditation Committee and supported by a College staff member. To avoid conflict of interest the accreditation team is always from another state.

The College's site accreditation does not include a process of confidential trainee feedback and does not appear to include any input from hospital or practice administration. After the site visits are completed, a report is written and submitted to the National Accreditation Committee for review and recommendation to the National Education Committee. It is unclear how the report is distributed once it is approved.

The Accreditation Standards for Training Positions clearly detail the minimum levels of supervision, essential facilities and requisite learning experiences. These link back to the desired graduate outcomes of the program. There are also standards addressing trainee wellbeing.

There are five outcomes of the College's accreditation process:

- Full accreditation, granted for up to a period of five years, or the next scheduled state-based reaccreditation of the state, whichever comes first.
- Accreditation with provisos, the position is subject to set provisos being complied with, within specific timeframes, usually 12 months.
- Provisional accreditation, granted only upon the creation of a new training position, usually 12 months.
- Conditional accreditation, granted upon failure of compliance with provisos, minimum requirements for accreditation, or failure of provisional site inspection. Conditional accreditation is usually for a period up to 6 months.
- Withdrawn accreditation, when an accredited position fails to meet the minimum requirements for accreditation, and consistently failed to improve.

There are a number of rural accredited training sites. These are both stand-alone sites, such as Orange, or are a rotation from an urban site such as the rotation from Royal Adelaide Hospital to Nhulunbuy.

The College continues to work with various public and private providers to create additional opportunities. These are often funded by the Specialised Training Program (STP) that has allowed training to be expanded outside large teaching hospitals to rural and private settings as well as Aboriginal Health Care Centres settings. Overseas settings are also supported, with a number of sites in the United Kingdom accredited for training. Rotations to overseas sites are not compulsory and the College does provide financial support for all overseas trainees.

The College participates in discussions about accreditation with other specialist medical colleges through the Council of Presidents of Medical Colleges and the Network of Medical College Educators. This has allowed the College to align its accreditation standards with the 'Agreed Domains, Standards and Criteria' as per the Australian Health Ministers' Advisory Council.

8.2.1 Team findings

Overall the team found that the process for accreditation of posts is robust and transparent. The College provides the list of units that have accredited training positions on its website. Accreditation occurs at regular intervals and an impromptu accreditation may be easily triggered if there are evolving concerns at a training site.

The team was concerned that the accreditation process is largely internal and that other stakeholders have minimal input, either in providing information to accreditation teams during the accreditation process or being able to take part in accreditation teams. Indeed, the accreditation team members are drawn from a limited pool of fellows with no involvement of trainees, consumers or jurisdictional representatives. Whilst trainees have the opportunity to provide input during the accreditation team visits there does not seem to be an avenue for the provision of anonymous feedback such as a survey. This type of approach should be a priority for the College so honest feedback can be provided. The College should consider the involvement of trainees as part of site accreditation teams. This would facilitate open discussion, especially from trainees regarding the state of training in sites during accreditation visits and may relieve some hesitancy for trainees to report problems to the College.

The College standards for accreditation are detailed in their determination of clinical and supervisory requirements and also address trainee welfare explicitly, particularly areas such as safe working hours and physical safety. Other aspects such as the requirements for sites to be cognisant of, or provide assistance to, trainees experiencing difficulty are lacking. The team was also concerned by a number of cases where accredited training was occurring in unpaid positions. This is contrary to the College's accreditation standards and provides some examples of where the standards are not enforced by the College. This needs to be investigated further by the College and addressed appropriately. Site accreditation must ensure that all trainees are engaged under the relevant industrial awards.

The site accreditation standards are flexible such that there is no restriction to training across particular settings. The standards also facilitate training and work to ensure quality of training in a training environment that is often fragmented across many small sites in a training network. The team was impressed with the variety of training sites available for training across the public and private sectors, rural and regional areas. The team was also impressed that the College has persevered with overseas training sites as this provides a unique opportunity for trainees to gain a different perspective and experiences. The team acknowledges the positive work of the College in providing opportunities for some trainees to undertake training in Aboriginal and Torres Strait Islander healthcare settings. The team heard positive feedback from those trainees who have undertaken such opportunities. The College should build on this work to increase the opportunities for trainees in all regions to gain experience in settings for provision of care to Aboriginal and Torres Strait Islander peoples.

Commendations

- V The College's development of a robust and dedicated network of Directors of Training, Supervisors of Training and Clinical Supervisors, each performing a crucial role in the training and assessment of trainees.
- W The College's clear and detailed documentation articulating the requirements and processes related to training site accreditation.
- X The College's successful and ongoing utilisation of alternative sites for training, especially private settings and overseas posts.

Conditions to satisfy accreditation standards

- 31 Develop and implement a comprehensive suite of resources with compulsory core elements for the training of supervisors, including but not limited to, finalising and implementing the College's planned new supervisor development course. (Standard 8.1.3)
- 32 Develop and implement a process for evaluating the performance of supervisors including a mechanism for the provision of feedback to supervisors. (Standard 8.1.4)
- 33 Increase opportunities for dermatology trainees in all regions to gain relevant experience in settings for provision of care to Aboriginal and Torres Strait Islander peoples. (Standard 8.2.2)

Recommendations for improvement

- VV Create position descriptions for Directors of Training, Supervisors of Training and Clinical Supervisors which include a consistent process for their appointment, and which also detail processes to ensure that supervisors who are not fellows of the College maintain currency of knowledge regarding the training program and its assessment. (Standard 8.1.3)
- WW Develop alternative methods of gathering information from sites for the purposes of accreditation. This could include developing a survey for trainees and supervisors to gather anonymous feedback. (Standard 8.2.2)
- XX Review the composition of accreditation teams to include trainees and consider how the accreditation process can incorporate external stakeholders such as consumers and jurisdictional representatives. (Standard 8.2.2)
- YY Audit accredited sites to ensure that all trainees are engaged under the relevant industrial awards. (Standard 8.2.2)

9 Continuing professional development, further training and remediation

9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

The College's continuing professional development (CPD) program sets out the standard required of specialist dermatologists in Australia. As discussed under standard 1, the education and training of dermatologists in New Zealand is delivered by the Royal Australasian College of Physicians (RACP). The ACD and the RACP collaborate on CPD matters through the Council of Presidents of Medical Colleges (CPMC) and specifically through the Network of Medical College Educators, which discusses common problems encountered in administering CPD to fellows and future directions for CPD.

The Professional Standards Committee has responsibility for the governance of continuing professional development through the CPD and Revalidation Committee. The membership of the CPD and Revalidation Committee comprises five fellows.

The College's CPD program aligns with the requirements of the Medical Board of Australia, with extensive development having occurred since the last AMC accreditation. There have been several reviews that have been undertaken, with one major review occurring in 2009 and another currently underway based on 2013–15 data.

There has been a shift from a three-year, 300-point CPD period to a two-year, 200-point CPD period, with CPD points accrual currently occurring for the period 2016–17 period (concluding 31 December 2017).

The College CPD program is governed by a number of policies. These are publicly available in the Regulatory Documents section of the College Policies area of the website.

The College has a CPD area on its public website where participants can access the CPD handbook 2016–17 and relevant information about the CPD program. The handbook outlines the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty as well as any minimum and maximum requirements.

At the beginning of the cycle, a program guide is distributed to all fellows and CPD participants. Any updates are provided in the College's publication, *The Mole*, as well as via email or the College website.

The 2016–17 CPD program requires a minimum of 200 points to be accumulated over the two-year cycle. Participants must obtain at least 40 points per year, and no more than 160 points per year will be counted towards the total.

Participants have access to a breadth of activities and are required to complete CPD in the three categories detailed below. These activities provide a mixture of self-directed learning activities, individual activities, group activities and practice-based activities.

The program requirements for fellows working part-time are the same as those for full-time fellows. Retired fellows who hold full registration are required to continue to participate in the CPD program.

The three CPD categories are:

Category 1 – Clinical & Education: Maintenance of clinical knowledge and skills/research, learning and teaching

This category addresses the maintenance of knowledge and skills for obtaining information to make clinical decisions and treatment management plans, along with conducting procedures in a safe and ethical framework. It also addresses a commitment to research and/or learning, and/or teaching and provides a range of opportunities for practising dermatologists to demonstrate their ongoing education. A minimum of one Category 1 activity must be completed.

Category 2 – Quality Assurance: Quality improvement and risk mitigation

This category addresses the consideration of quality and safety practices to minimise risk to the dermatologist, other healthcare providers and patients. Using evidence to inform quality improvement is an integral component of this category. Considerations include self-management, as well as safe and legal work practices. A minimum of six Category 2 points over a two-year period must be completed.

Category 3 – Professionalism: Cultural awareness, ethics and advocacy

This category addresses a commitment to:

- cultural sensitivity to enhance patient care
- personal and professional ethics towards the practice of medicine
- advocacy for individual patient's needs and the needs of society in a broader public health context.

A minimum of six Category 3 points over a two-year period must be completed.

The College has introduced a number of online modules for activities covering cultural competence, professionalism and ethics. The modules include: *Skin Disease in Aboriginal and Torres Strait Islander Peoples* (2009); *Aboriginal and Torres Strait Islander Health and Culture* (2015); *Intercultural Competency for Medical Specialists* (2014); and *Clinical Ethics* (2010). Further examples are listed in the College's accreditation submission.

Points gained from activities for other CPD programs of other recognised medical colleges/professional organisations to which fellows belong may be transferred to the ACD CPD program provided that: the activities are dermatological in nature; the activities fall within the

descriptors associated with the various ACD categories; the clinical activities that fall within the descriptors of Category 1 are of a dermatological nature; and the fellow provides the College with supporting evidence.

The College provides a password-protected eLearning portal which provides participants with access to the handbook, guidebook (on entering points), a number of 'how to' videos and online modules.

Participants record their participation via the College's online database. This is also accessed via a password-protected members' section of the College website. Participants are required to retain verification of participation in case they are selected for a verification audit. The College undertakes annual audits of CPD performance of ten percent of fellows, with no fellow audited more than once in any CPD cycle. Participants are notified in writing and asked to provide supporting documentation. The College has a policy of outcomes for those fellows who are non-compliant in CPD at the conclusion of a CPD cycle.

In its accreditation submission, the College states that it is committed to updating and reviewing its CPD program. The College uses several strategies including:

- an annual CPD survey providing members and stakeholders with the opportunity to give feedback on the CPD processes; this information is presented to the CPD committee for review
- the use of data from the CPD database and eLearning portal
- a one-off survey, conducted in 2015 which included the CPD cycle and process
- quarterly attendance at CPD Managers meetings.

The College has initiated several improvements and changes to the CPD program including: a reduction of program length (currently a two-year cycle); creating and updating policies; improving administration (including an improved system for reporting CPD and the introduction of the handbook); updating requirements (including updating the points system and streamlining categories); and increasing CPD offerings.

9.1.1 Team findings

The 2016–17 CPD Handbook indicated that the College would undertake significant research into CPD and present a proposed revised structure in the middle of 2016. This has occurred in an organic manner, leading to the decision to amend the CPD cycle from three years to two years, even though earlier advice from the College indicated that the initial plan was to move to an annual cycle. However, the practical limitations of an annual cycle made this option unpopular.

An online, user-friendly eLearning portal is in place, supported by the comprehensive CPD Handbook 2016–17. There is a range of online eLearning modules and fellows update their CPD activity directly, with support readily available if required.

The CPD and Revalidation Committee demonstrates mature, rigorous deliberations on how to prepare for the Medical Board of Australia developments around revalidation and expanding CPD activity options beyond eLearning modules to provide online access to presentations and lectures. These deliberations reflect the College composition of approximately 75% of fellows operating entirely or almost exclusively within private practice and the need for CPD activities to be appropriate and achievable for these practitioners.

A number of CPD pilot projects are planned for implementation in the near future, including multi-source feedback (360 degree feedback), patient feedback and self-audit. The team commends the College on these projects and encourages the College to explore the utility and value of multisource feedback activities to enhance the CPD activities.

The College has an opportunity to incorporate valuable consumer and patient input, and feedback, into the CPD program design and activities and is encouraged to assess how best to

utilise the available resource within the College's Community Engagement Advisory Committee or relevant consumer advisory groups.

The shift in 2016–17 to a two-year CPD cycle, has resulted in minimum activity points being required across the three CPD categories (Clinical and Education, Quality Assurance and Professionalism) with six points per annum for each category of Quality Assurance and Professionalism, and the remaining 88 points for the Clinical and Education CPD category.

The team is concerned that this may skew CPD activities towards Clinical and Education activities and may not encourage sufficient CPD activity in the categories of Quality Assurance and, more importantly, Professionalism (including practice-reflective activities and multi-source feedback). The College is recommended to review the current minimum of six CPD points required in each of the CPD categories of Professionalism and Quality Assurance out of an overall 100 points required per annum, to ensure there is appropriate balance of CPD activities and sufficient emphasis on self-reflection/evaluation and professional skill enhancement.

9.2 Further training of individual specialists

The accreditation standards are as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

There are documented policies and procedures for managing further training or re-entry to practice for College fellows and for the management of unsatisfactory CPD performance by a fellow. The policies can be found on the College website.

The College's Recency of Practice Policy relates to fellows who intend leaving practice for extended periods due to illness or other personal reasons. Fellows may apply to be considered for a period of exemption from CPD requirements until they return to practice. The policy sets out the specific requirements for recency which depends on the level of experience and the length of absence from practice. For fellows and non-member CPD participants who have at least two years' experience, absence greater than three years will require approval of a professional development plan for re-entry to practice by the Board of Directors on advice of the National Education Committee. Fellows and non-member CPD participants returning to practice after an absence of 12 months or longer, and who have less than two years' experience prior to absence, will be required to work under supervision in a training position approved by the Board of Directors.

The Return to Practice Policy outlines a support plan, including who will guide the plan and what needs to be included, for a fellow returning to practice after a period of absence of longer than three years.

The College provided an example of a fellow's successful re-entry to practice, with mentor support and an agreed retraining plan, after a prolonged absence due to a serious illness which would normally have resulted in retirement from practice.

9.2.1 Team findings

The team notes that there are documented policies and procedures for return to practice, recency of practice and unsatisfactory CPD performance by a fellow, although a number of these, including Unsatisfactory CPD Performance by a Fellow Policy (review date July 2016) are beyond their documented review dates.

While the policies remain largely relevant, their lack of timely review means that the timeframes contained in a number of policies relate to the former three-year CPD cycle. Now that this cycle has been reduced to two years, the team recommends that the College reviews the Recency of Practice Policy (review date August 2013) and Return to Practice Policy (review date November 2015) to reflect this change, along with the revised CPD point requirements.

9.3 Remediation

The accreditation standards are as follows:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

The Unsatisfactory CPD Performance by a Fellow Policy outlines the actions available when the College has determined that a fellow has not satisfactorily fulfilled the CPD requirements.

The College takes steps to support fellows in complying with the CPD program requirements. A key step in this process is the early identification of fellows who may be at risk of failing to satisfy requirements, so that remediation and support can be offered. Measures to be taken may include:

- the continuous monitoring of a fellow's progress in attaining the required point accumulation
- early intervention for those at risk of not meeting compliance
- six-monthly notification of the progress or failure to meet requirements.

Should the fellow continue to be non-compliant on completion of a CPD cycle, the policy also outlines the next steps in the process including the fellow being reported to the relevant Faculty, having a note recorded on their College record, and removal from the 'find a dermatologist' section of the website.

The College is able to inform fellows of the areas they need to complete in order to obtain the requisite CPD points and a mentor may be assigned to a non-compliant fellow to assist/supervise them in completing requirements.

9.3.1 Team findings

The College's current suite of CPD, retraining and return to practice policies and procedures do not clearly state how to manage practitioners referred by regulatory bodies, or through other referral processes, for remediation (up skilling and/or retraining) as a result of underperformance in a particular area of practice.

A separate policy and procedure related to remediation of practitioners not performing to expected standards of practice is required. The College should clearly articulate a policy and procedure applying to practitioners requiring remediation for not performing to expected standards or who are formally referred by regulatory bodies or other sources for revalidation and upskilling. This policy and procedure should be separate from CPD underperformance, recency of practice, and return to practice policies and procedures.

Commendations

- Y The major advances achieved in the provision of CPD resources, including the diversity of activity options and the user-friendly online portal, supported by a comprehensive CPD Handbook.

Conditions to satisfy accreditation standards

- 34 Articulate and implement a policy and procedure applying to practitioners who require remediation for not performing to expected standards, or who are formally referred by regulatory bodies or other sources for revalidation and up skilling. This policy and procedure should be separate from CPD underperformance, recency of practice and return to practice policies and procedures. (Standard 9.3.1)

Recommendations for improvement

- ZZ Review the minimum requirement of annual CPD activity points of only six points each (out of a total 100 points per annum) for the Quality Assurance and Professionalism categories to ensure fellows receive appropriate encouragement to undertake CPD activities in these important areas, with sufficient focus on self-reflection and professional skills development. (Standard 9.1.3)
- AA1 Continue to develop a robust and balanced CPD suite of activities tailored to the needs of, and user-friendliness for, both public and private dermatology practice needs, consistent with the likely directions of the Medical Board of Australia revalidation framework. (Standard 9.1.5)

10 Assessment of specialist international medical graduates

10.1 Assessment framework

The Accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

The College's policy for assessment of international medical graduates or overseas-trained dermatologists in Australia is described in an overarching policy, International Medical Graduates Specialist Recognition Assessment Policy. This policy defines the eligibility, standards and process for assessing the ability of international medical graduates, who have gained their specialist dermatological qualification in a country other than Australia, to practise independently as a specialist dermatologist in Australia.

The College provides detailed information on its website, including policies and processes, and flowcharts for Area of Need International Medical Graduates (IMG), International Medical Graduates (IMG) Short-term Training Positions, and IMG Specialist Recognition. These policies and procedures comply with the Medical Board of Australia guidelines.

As detailed under standard 1, the Professional Standards Committee oversees the assessment of overseas-trained specialists but delegates responsibility for the assessment to the IMG Committee. The IMG Committee, which comprises at least four dermatologists (three fellows with at least five years post-qualification experience, one fellow who has recently passed the Fellowship Examination and at least one fellow who has been through the specialist international medical graduate process) and one external community representative. An interview panel is convened four times per year for assessment of specialist international medical graduates and area of need applicants.

The consideration of specialist international medical graduate applications involves two components: review of a written application including CV and experience; and a structured interview conducted face-to-face or by videoconference.

Applicants must first apply to the AMC for primary source verification of their qualifications. Once their qualifications have been assessed, applicants complete an online ACD IMG Questionnaire which is used to ensure applicants have the correct information/documentation before submitting an application. Once the questionnaire is judged to be satisfactory, applicants pay an interim assessment fee and complete an application form. An email is sent to the applicant on receipt of payment which explains the online application process and also an invoice for the assessment fee.

When an application has been successfully completed, the College conducts referee checks and forwards the application to the IMG Committee. After reviewing an application, the committee contacts the applicant to inform them if they have successfully gained an interview.

Interviews are conducted in accordance with the College's approved policies and procedures. The interview provides an opportunity for candidates to explain or clarify components of their CV and answer specific case-based scenarios based on the College's curriculum. Applicants are assessed on the duration and quality of their training, scope of clinical experience, type of formal

assessment including specialist examinations in dermatology, recency of practice, and relevant professional skills and attributes. In 2017, a more structured approach to interviews, informed by materials used in the training program, was used for the first time.

The process for specialist recognition leads to a decision being made as to whether the applicant is not comparable, partially comparable or substantially comparable. Applicants are informed within two weeks of the outcome of their interview.

Decisions relating to the assessment of specialist international medical graduates by the College may be reviewed or appealed in accordance with the College's Reconsideration, Review and Appeals Governing Policy, publicly available on the College website

Specialist international medical graduates in accredited training positions have access to educational opportunities that are offered to Australian trainees, including preparing for the Fellowship Examination. International medical graduates also have access to the IMG e-Group and specific IMG webinars and orientation modules. IMG-specific mentors are provided. The information provided on the website is supplemented by that provided by College staff who are available to respond to questions.

The process for IMG Area of Need determination leads to a decision being made as to whether the international medical graduate is suitable or not suitable, taking account of any specific requirements of the position being applied for. The interview process follows the same format as for specialist recognition applicants, with specific clinical questions tailored to the role they are applying for. Upon completion of the interview if the applicant is deemed suitable the College informs the applicant and the Medical Board of Australia.

International medical graduates can apply for short-term training positions if they wish to undertake a short-term training position/program within Australia, which is not available in their country of training, with the aim of improving their skills and experience.

10.1.1 Team findings

A review of the College's policies and processes relating to the assessment of specialist international medical graduates in Australia confirms the assessment framework meets the accreditation standards. The documentation provided for specialist international medical graduates is readily accessible, clear and concise and fully outlines the relevant policies and processes consistent with the requirements of the Medical Board of Australia (MBA).

The College updated and revised its website in 2016 following a joint meeting with the MBA and MCNZ at which the MBA noted the College was receiving a number of incomplete applications at the initial application stage. The College found that applicants were confused regarding the amount of information to provide with the result that the process was taking longer and caused more work for the College in processing and communicating with the applicant. Some of the changes to the website included updating the 'overview' section, separating the different types of recognition, providing process flowcharts and adding a new section 'availability requirements' which provides specialist international medical graduates with information on the average waiting period to obtain a training position.

The specialist international medical graduates with whom the team met during site visits commended the College on clear information provided on the assessment process. However, there was some confusion among specialist international medical graduates who had been found partially comparable as to whether they were permitted by the College to look for potential accredited training sites. The College confirmed that this had changed from being not permitted to being allowed. The College is encouraged to make this policy change explicit and to clearly communicate it to specialist international medical graduates.

The team commends the College for including a community representative on the assessment panel. The IMG Committee considers the community representative is valuable to the process and provides a community perspective and global overview to a predominantly clinical panel. The

community representative scores independently and does not score on the medical/clinical questions, similarly the fellow members do not score on the community/consumer questions.

10.2 Assessment methods

The Accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

In relation to the methods of assessment for specialist international medical graduates, there are two assessment processes: assessment to enter the training program/profession; assessment once in the training program.

The College's processes for considering applications from specialist international medical graduates are outlined in the College's accreditation submission. To ensure the process is fair, valid, reliable, effective and feasible, the College employs the following mechanisms:

- IMG Committee members are trained in assessment procedures. New members are supported/mentored in the assessment process
- Standard assessment forms, that cover the ACD curriculum, are completed for each candidate to ensure applicants are assessed against ACD requirements
- All IMG Committee members assess the CV independently
- Interviews are conducted using questions based on the curriculum and perceived deficiencies in the applicant's experience or CV
- Questions at interview cover generic areas, as well as areas specific to the individual candidate to allow demonstration of areas identified as lacking/weak in CV
- All IMG Committee members assess the interview independently.

Once in the training program, specialist international medical graduates are subject to the same requirements as trainees including the Summative In-Training Assessments (SITA). Specialist international medical graduates are required to complete at least one SITA and for specialist international medical graduates who require six-month and 12-month upskilling, they are required to complete a SITA every three months. The SITA form is completed by at least three Clinical Supervisors and assesses the specialist international medical graduate in the areas of Communication, Cultural Competency, Leadership & Management, Health Advocacy, Teaching & Learning, and Ethics.

The College has a Failed SITA (IMGs) Policy for those specialist international medical graduates identified as failing the SITA. The College utilises the same procedures for notifying employers where patient safety concerns arise in the assessment of specialist international medical graduates as those described earlier for trainees under standard 5.3.4.

10.2.1 Team findings

The team considers that the process undertaken by the College is largely consistent with current best practice.

The team notes that the marking rubric for assessing specialist international medical graduates has been changed recently to create a better paper trail to allow for improved feedback to be provided to applicants. All interview questions in the rubric were asked in the previous assessment round. This appears to work well but an update on its implementation, including any unforeseen issues and any changes made as a result of the first experience, will be important to include in the College's progress report to the AMC.

There is a gap in current College policies and procedures that address the potential issue of specialist international medical graduate applicants responding to one or more of the clinical scenarios and/or displaying other responses during the interview process that raise serious patient safety or professional behaviour concerns. The team recommends that the College formalise and make publicly available the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of specialist international medical graduate assessment.

The College procedures for notifying employers, and, where appropriate the regulators, if patient safety concerns arise during in-training assessment, was reviewed by the team and found to be the same as those used for trainees. Specialist international medical graduate applicants are by definition specialists in their country of graduation and the team considers that a separate procedure would be more appropriate.

10.3 Assessment decision

The Accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

The College's decisions are based on the Medical Board of Australia's Good practice guidelines for the specialist international medical graduate assessment process. As discussed under standard 10.1, applicants are assessed as not comparable, partially comparable, or substantially comparable. The duration of up skilling/assessment is directly proportional to the applicant's current level of knowledge and skills as demonstrated on paper and at interview. The College indicates that it does not grant exemptions or credit. The assessment decisions are as follows:

- Not comparable: The applicant is assessed as being unable to achieve substantial comparability within a maximum period of two years full-time training. Applicants may choose to apply for a position in the full training program through the College selection process.
- Partially comparable: The applicant requires either six, twelve months or a maximum of two years further training and/or assessment. Applicants are placed in an accredited training position as per the College's accreditation standards. The availability of these positions is dependent on government and local funding.
 - For six months: Candidates must, as a minimum, complete six months of training in an accredited position. They must also successfully complete a Summative In-Training Assessment (SITA) at the completion of this time in order to be eligible for fellowship. Additional training/assessments will be determined by the IMG Committee on a case-by-case basis.
 - For 12 months: Candidates must, as a minimum, complete 12 months of training in an accredited position and successfully complete a Summative In-Training Assessment (SITA) at 6 months and 12 months in order to be eligible for fellowship. Additional training/assessments will be determined by the IMG Committee on a case-by-case basis.

- For 24 months: Candidates who are in this category must, as a minimum, complete 24 months of training in an accredited position. They must also successfully complete a Summative In-Training Assessment (SITA) at six monthly intervals (according to any rotations) in order to be eligible for fellowship. Candidates are also required to successfully complete the College pharmacology assessment and the Fellowship Examination. The pharmacology assessment (online module) should be completed in the first 12 months of training. Candidates may complete the module whilst waiting on an upskilling position. The result will be valid for three years and if training has not yet commenced the specialist international medical graduate will be required to re-complete the module.
- Substantially comparable: The applicant is recommended for specialist recognition as a dermatologist in Australia. In most cases there are no additional assessment tasks required for the candidate, however they are directed to complete the Introduction to the PBS/Medicare module online. A mentor and some supervision to assist in transition are provided in some cases.

Between 2011 and 2015 there were 53 applications for specialist recognition; six were considered substantially comparable, 29 partially comparable and 18 not comparable.

| Year | Applications Specialist Recognition | Assessment Outcome | | |
|------|-------------------------------------|--------------------------|----------------------|----------------|
| | | Substantially Comparable | Partially Comparable | Not Comparable |
| 2011 | 6 | 1 | 3 | 2 |
| 2012 | 9 | 2 | 6 | 1 |
| 2013 | 12 | 0 | 10 | 2 |
| 2014 | 9 | 1 | 5 | 3 |
| 2015 | 9 | 0 | 4 | 5 |
| 2016 | 8 | 2 | 1 | 5 |

10.3.1 Team findings

An AMC team member observed the specialist international medical graduate interview process in September 2017 and considered it to be fair and reasonable. During the assessment visit, specialist international medical graduates informed the team that they were satisfied with the process, felt very supported by College staff through the process, and in the case of all those the team spoke with, felt the decisions that were delivered were fair and reasonable.

The team considers the decision-making process is clear but the consequences of the decisions include specialist international medical graduates being placed on wait lists to access suitable accredited training sites. The College provided information to the team indicating that there is a significant number of partially comparable specialist international medical graduates awaiting training positions. The College reported that it recently updated its website to provide information on wait times to prospective applicants. As discussed under standards 1 and 2, this is a 'block' in the workforce pipeline. The College will need to monitor this issue and report in future progress reports to the AMC.

The team received feedback from specialist international medical graduates that the College is not clear about the requirements of the training position. The AMC will be interested in updates from the College on its flexibility and ability to make an accreditation decision, in a timely manner, regarding a potential training location that a specialist international medical graduate assessed as partially comparable has identified as a site but which is not yet accredited by the College.

10.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

The College website provides information on the specialist international medical graduate process, procedures and associated fees.

The information includes:

- an overview of the specialist recognition, area of need and short-term training process
- the application process for specialist recognition, area of need and short-term training
- specialist international medical graduate application processing time frame
- application information – how to apply
- specialist recognition and area of need assessment interview process
- fees for assessment
- availability of training positions
- link to AHPRA website providing information on the different categories of registration
- links to Australian Healthcare System and Medical Practice modules.

Once an applicant has begun the assessment process, they receive information throughout the process regarding their application including: payments; links to the application forms; advice to applicants; letters concerning results of their interim assessment or outlining the result of their interview; and the next steps required. Communication is usually via email and occasionally via telephone. Applicants can contact the College about the application process or their application, and these are dealt with on a case-by-case basis. The College reviewed its communications in line with the MBA guidelines released in 2016.

The College also gathers feedback from specialist international medical graduates usually on a yearly basis. Results from these surveys indicate that once specialist international medical graduates enter the program they are well supported and able to progress. Key issues from the 2015 survey were: the time from interview to job placement was too long; the College should consider using a range of assessment techniques; videoconferencing facility required for interviews; and more support required to find positions.

As a result of this and other feedback, the College has made some improvements. The College has implemented checklists and provides better information on the requirements to all applicants to ensure all material is presented to speed up the process. The College has included information on the website about estimated time frames for appointment to a position. The College introduced skype video facility for interviews.

10.4.1 Team findings

As commented under the previous standards, the documentation, website resources and College staff support available to specialist international medical graduates are of very high quality.

Following feedback from specialist international medical graduates and the IMG Committee, the College agreed to explore the concept of an IMG Director of Training. The team noted that this was discussed at the National Training Committee meeting in February 2017. It was noted at this meeting that NSW and Victoria are the two states where IMGs are predominantly located. It was discussed that if Faculties were to appoint an Assistant Director of Training, this may be an

effective way to address not only the specialist international medical graduate situation, but also the overflow of work currently being experienced by NSW and Victoria.

The team noted that the process of nominating an Assistant Director of Training is underway and the College notes that there have been changes to Specialist Training Program funding as well as an upcoming audit of specialist international medical graduate processes to take place in 2017. As such finalisation of any positions of supervision related to specialist international medical graduates will be based on the outcome of the government-led audit of specialist international medical graduates. The AMC will be interested in an update on progress.

Commendations

- Z The clear documentation and web resources that underpin the College's assessment of specialist international medical graduates and the contribution of the College staff who provide additional support to specialist international medical graduates during the process.

Conditions to satisfy accreditation standards

- 35 Formalise and make publicly available the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of specialist international medical graduate assessment. (Standard 10.2.2)

Recommendations for improvement

- BB1 With regard to training sites for those specialist international medical graduates assessed as partially comparable:
- (i) Clearly communicate the change in policy which permits these doctors to look for an accredited training site.
 - (ii) Provide details of the College's processes for facilitating timely accreditation decisions regarding a potential training location which is identified by the specialist international medical graduate but which is not yet accredited by the College. (Standard 10.3.3)
- CC1 Address the workforce pipeline issue relating to specialist international medical graduates being placed on wait lists to access suitable accredited training positions. (Standard 10.3.3)

Appendix One Membership of the 2017 AMC Assessment Team

Associate Professor Jenepher Martin (Chair), MBBS, FRACS, MS, MEd, EdD.

Director, Medical Student Programs, Eastern Health Clinical School, Monash University and Deakin University.

Dr William Milford (Deputy Chair), MBBS (Hon), FRANZCOG.

Director, Kindred Midwifery, Obstetrics and Gynaecology, Staff Specialist, Department of Obstetrics and Gynaecology, Redcliffe Hospital.

Professor Nicholas Glasgow, BHB, MBChB, GradDipFamMed, GradCertEdStudies, MD, FRNZCGP (Dist), FRACGP, FACHPM.

Acting Head, Department of Health Services Research and Policy, Research School of Population Health, College of Medicine Biology and Environment, Australian National University.

Professor Ruth Murphy, MBChB, BMedSci (Hons), MMedSci (Med Ed), PhD, FRCP.

Honorary Clinical Assistant Professor, University Nottingham, Honorary Senior Lecturer University of Sheffield, Academic Vice-President, British Association of Dermatology, President, British Society of Paediatric Dermatology.

Dr Catherine Pendrey, MBBS, BMedSci (Hons).

Northern Territory General Practice Training Program, Royal Australian College of General Practitioners.

Dr Paul Scown, MBBS, BHA, FRACMA, AFCHSM.

Chair and Director, Nexus Primary Health. National Councillor, Australian Council on HealthCare Standards. Board Member, Board of Advice, Faculty of Nursing and Midwifery (Sydney Nursing School), University of Sydney.

Professor Maggie Walter, BA, BSW (Hons), PhD.

Pro Vice-Chancellor Aboriginal Research and Leadership, University of Tasmania.

Ms Jane Porter

Manager, Specialist Training and Program Assessment, Australian Medical Council

Appendix Two List of Submissions on the Programs of Australasian College of Dermatologists

ACT Health

Australian Commission on Safety and Quality in Health Care

Australian Indigenous Doctors' Association

Australian Medical Association

Australian National University

Australian Private Hospitals Association

DEBRA Australia Ltd.

Health Care Consumers' Association ACT

Health Consumers Alliance SA

Health Workforce Principle Committee

Leaders in Indigenous Medical Education (LIME) Network

NSW Ministry of Health

Office of the Health Ombudsman

Queensland Health

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian and New Zealand College of Psychiatrists

Royal Australasian College of Dental Surgeons

Royal Australasian College of Physicians

Royal Australasian College of Surgeons

SA Health

University of Queensland

University of Western Australia Medical School

University of Wollongong

Appendix Three Summary of the 2017 AMC Team's Accreditation Program

| Location | Meeting |
|--|--|
| SYDNEY, NEW SOUTH WALES | |
| <i>Saturday, 6 May 2017 – Dr William Milford, Ms Helen Charmers and Ms Jane Porter (AMC Staff)</i> | |
| Annual Scientific Meeting, International Convention Centre Sydney | Specialist International Medical Graduates |
| | Trainees |
| | Supervisors |
| MELBOURNE, VICTORIA | |
| <i>Friday, 18 August 2017 – Associate Professor Jenepher Martin, Professor Nicholas Glasgow, Ms Karen Rocca (AMC Staff)</i> | |
| St Vincent Hospital | President and President Elect |
| | Senior Hospital Staff |
| | Trainees |
| | Supervisors |
| Skin and Cancer Foundation | Senior Hospital Staff |
| | Trainees |
| | Supervisors |
| | Faculty Chair and Director of Training |
| ADELAIDE, SOUTH AUSTRALIA | |
| <i>Wednesday, 30 August 2017 - Associate Professor Jenepher Martin, Professor Ruth Murphy, Ms Juliana Simon (AMC Staff), Ms Katie Khan (AMC Staff)</i> | |
| Flinders Medical Centre | Faculty Chair and Director of Training |
| | Supervisors |
| | Senior Hospital Staff |
| | Trainees |
| Women's and Children's Hospital | Senior Hospital Staff |
| | Trainees |
| | Related Health Professions |
| | Supervisors |
| BRISBANE, QUEENSLAND | |
| <i>Friday, 1 September 2017 – Dr William Milford, Professor Ruth Murphy</i> | |
| QIDerm, Greenslopes Private Hospital | Senior Hospital Staff |
| | Trainees |
| | Supervisors |
| | Related Health Professions |

| | |
|---|-----------------------|
| Location | Meeting |
| Princess Alexandra Hospital | Senior Hospital Staff |
| | Director of Training |
| | Trainees |
| | Supervisors |
| | Faculty Chair |
| SYDNEY, NEW SOUTH WALES | |
| <i>Monday, 4 September 2017 – Dr Catherine Pendrey, Dr Paul Scown, Ms Juliana Simon (AMC Staff)</i> | |
| Westmead Hospital | Senior Hospital Staff |
| | Trainees |
| | Supervisors |

Team meetings with Australasian College of Dermatologists' Committees and Staff

Monday 4 September – Thursday 7 September

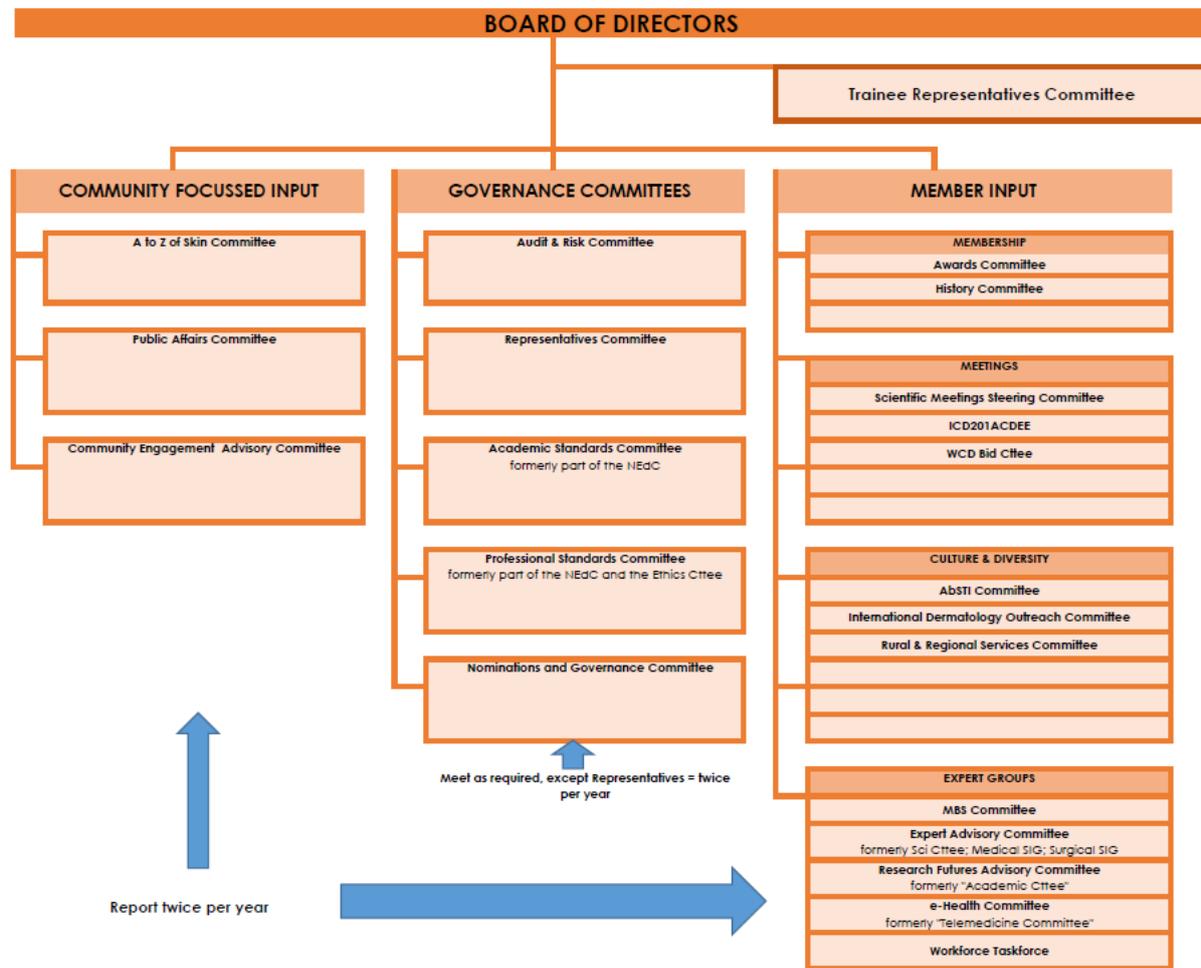
Associate Professor Jenepher Martin, Dr William Milford, Professor Nicholas Glasgow, Professor Ruth Murphy, Dr Catherine Pendrey, Dr Paul Scown, Professor Maggie Walter, Ms Jane Porter (AMC staff), Ms Juliana Simon (AMC staff), Ms Katie Khan (AMC staff)

| Meeting | Attendees |
|--|--|
| <i>Monday, 4 September 2017</i> | |
| NSW Faculty via teleconference | Faculty Chair Secretary Director of Training Faculty Member, Chair Elect |
| Specialist International Medical Graduates via teleconference | Specialist International Medical Graduates |
| Trainees via teleconference | WA Trainees ACT Trainees Rural Trainees |
| Health Departments via teleconference | NSW Ministry of Health SA Health SA MET QLD Health WA Health |
| Supervisors via teleconference | WA Supervisors ACT Supervisors Rural Supervisors |
| <i>Tuesday, 5 September 2017</i> | |
| AMC Standard 1 Context of training and education AMC Standard 2 Outcomes of specialist training and education | Chief Executive Officer President Elect Honorary Secretary Dean of Education Board Member |
| AMC Standard 3 The specialist medical training and education framework | Director of Education Services Dean of Education and Chair National Education Committee (NEdC) / Academic Standards Committee (ASC) Chair National Training Committee (NTC) Chair National Examinations Committee (NExC) Chair Teaching Learning and Curriculum Committee (TLCC) |
| Trainee Representative Committee | Chair, Trainee Representative Committee NSW Representative QLD Representative VIC Representative WA Representative |

| Meeting | Attendees |
|---|---|
| AMC Standard 1.5 Education resources | Chief Executive Officer Director of Education Services Manager Information Systems Accreditation Manager Senior Academic Support Officer Academic Support Officer |
| AMC Standard 7 Trainees | Chief Executive Officer Dean of Education and Chair NEdC/ASC Chair NTC Chair NExC Chair Selection Committee Director of Education Services VIC Director of Training |
| AMC Standard 8.1 Supervisory and educational roles | Dean of Education and Chair NEdC/ASC Chair NTC NSW Director of Training |
| AMC Standard 9 Continuing professional development, further training and remediation | Chief Executive Officer College CPD Manager CPD Committee Members |
| <i>Wednesday, 6 September 2017</i> | |
| AMC Standard 5 Assessment of learning | Chief Executive Officer Director of Education Services Chair NTC Chair NExC Director Ed Development, Planning and Innovation |
| AMC Standard 6 Monitoring and evaluation | Director of Education Services Chair NTC Chair NExC NSW Director of Training |
| AMC Standard 10 Assessment of specialist international medical graduates | Chief Executive Officer Chair IMG Committee College IMG Manager Member IMG Committee |
| AMC Standard 8.2 Training sites and posts | Chair NTC Chair NExC Chair National Accreditation Committee (NAcC) NAcC Members |

| Meeting | Attendees |
|---|---|
| AMC Standards 1, 2, 6 & 8 Meeting with Community Engagement Advisory Committee (CEAC) | Chief Executive Officer Members, CEAC |
| AMC Standards 1, 2, 3, 7 & 8 Meeting with Aboriginal and Torres Strait Islander (ABTSI) Affairs Committee | Chair ABTSI Committee ABTSI Committee Members |
| AMC Standard 4 Teaching and learning | Dean of Education and Chair NEdC/ASC Director Education Services Chair TLCC Chair NTC |
| <i>Thursday, 7 September 2017</i> | |
| AMC Team prepares preliminary statement of findings | AMC Team |
| AMC Team presents preliminary statement of findings | AMC Team Chief Executive Officer Director Education Services Dean of Education and Chair NEdC/ASC President Elect Board Member |

Appendix Four New ACD Governance Structure



Appendix Five New ACD Committees and Sub Committees

