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AusDerm



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Training Program Curriculum 2022

Overview

Welcome to AusDerm, the ACD Dermatology Training Program

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How to use this document

The ACD Dermatology Training Program Curriculum is an interactive PDF. It is most easily navigated using the menus, but can also be viewed by scrolling through the pages.



Using the shortcut menu

This is configured in three main sections: **About**, **Roles** and **Topics**. These are navigable using the shortcut menu on the left. Clicking on **About**, **Roles** or **Topics** takes you the full contents page for each section. Clicking on a **sub-menu** item takes you to a key content area within the section.



Using the contents menu

The content icon top left takes you to the contents menu **About**, **Roles** and **Topics**. This provides an overview of the contents. Clicking on any content item takes you to its specific page.



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The Australasian College of Dermatologists (ACD) is a fellowship of dermatologists trained to the highest professional standards, whose objective is to serve the community by providing the best quality dermatological care.

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Many people contributed to the review and update of the Australasian College of Dermatologists dermatology training program curriculum with dedication and expertise.

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Dr Adriene Lee

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¹ The Australasian College of Dermatologist Curriculum was adapted from Frank, JR, Snell L and Sherbino J eds. The CanMEDS 2015 physician competency framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015. Adapted with permission.

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Introduction

About

The Australasian College of Dermatologists (ACD) is a fellowship of dermatologists trained to the highest professional standards, whose objective is to serve the community by providing the best quality dermatological care. The College's mission is to train, educate and foster ongoing excellence of specialist dermatologists, enabling fellows to be leaders in skin healthcare, education, advocacy and innovation.

The ACD training program aims to prepare trainees to become specialist dermatologists able to integrate clinical and medical sciences knowledge, mastery of procedural skills and professional attributes to deliver highly skilled care

to the community. Graduates of this program will be deemed competent and safe to practise and function effectively, ethically and professionally within the specialty of dermatology.

The ACD is accredited by the Australian Medical Council (AMC) for both the training and continuing professional development of medical practitioners in the speciality of dermatology.

The training program curriculum builds on previous versions and outlines the expectations for successful practice in the speciality of dermatology. Note that the curriculum should be read in conjunction with the current version of the Training Program Handbook.

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The ACD Dermatology Training Program

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Curriculum overview

The ACD dermatology training program curriculum, or the curriculum, is firmly grounded in the College mission. It was designed as an integrated, trainee-centred, outcomes-based approach, and it is in line with modern curriculum research and practice and contemporary teaching and learning theory.

Competency-based programs differ from purely time-based ones because their focus is on the abilities graduates achieve during the program. The curriculum supports this by providing a framework that specifies the knowledge, skills, and application that trainees need to learn, demonstrate, and be assessed on to show their competence to practice as specialist dermatologists. The trainee is the central active agent in learning and takes responsibility for their education. The curriculum informs trainees what to learn and supervisors what to teach and assess.

Medical curricula are not static – they must respond to and reflect the changing needs of society, developing medical knowledge and the local context and so prepare the learner for future practice^[1]. While adapting to include new and emerging technological advances for the diagnosis and treatment of conditions are of fundamental importance, so is the need to attend to the uniquely human aspects of medicine and patient-centred care. The two components must occur together so that such technologically supported or generated results and plans are set effectively within the patient's unique context by empathic practitioners who successfully and deeply engage with their patients and understand their context^[2].

These broader aspects of being a doctor – elements of professionalism such as ethics, empathy and patient-centred care – need to continue to develop throughout a professional's career, in specialist training and beyond^[2,3].

The curriculum is firmly based on the identified future needs of dermatologists and reflects both scientific and social perspectives to serve the communities in which they practice.

“Health is all about people. Beyond the glittering surface of modern technology, the core space of every health system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them.”^[4]

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“Excellence in patient care requires a range of clinical, interpersonal and management skills, medical and technical expertise, clinical decision-making, communication and teamwork all contributing to achieving a high standard of clinical practice and patient care.”^[5]

The curriculum is designed as an essential reference for trainees and all clinical supervisors involved in the ACD's dermatology training program. It is also a guide for interested members of the medical and broader communities regarding the purposes and learning outcomes of the ACD's dermatology training program.

THE CURRICULUM IS DESIGNED TO PROVIDE A CLEAR STATEMENT OF:

- essential knowledge, skills and application of knowledge that the trainee is expected to demonstrate to fulfil the requirements of the ACD Dermatology Training Program
- expected and measurable learning outcomes
- appropriate and effective assessment strategies designed to provide trainees with feedback on their performance and progress with regards to the learning outcomes
- the basis for selecting the most appropriate learning and teaching strategies for trainees and clinical teachers.

“...we cannot expect a person to learn all there is to know about professionalism in medical school and then expect them to ‘run’ independently thereafter. Instead, we should regard professionalism as a highly learnable attribute (or set of attributes) that requires occasional measurement of its effectiveness, appropriate maintenance and repair, and periodic recharging.”^[3]

The ACD Dermatology Training Program

Teaching and learning activities in the ACD Training Program

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The curriculum is delivered through a variety of learning experiences. The majority of these occur through clinical training in various rotations in hospitals, clinics and other settings, including private and rural practices.

| Expected methods of learning, teaching, feedback and supervision

As outlined, learning in the ACD's dermatology training program is designed to be trainee-centred. The program provides experiential learning - clinical practice experience occurs in real-world settings, and trainees synthesise increasingly complex knowledge and skills as they work alongside experienced consultants and training peers.

The clinical experiences trainees will encounter include:

- medical dermatology clinical learning such as in clinics and private rooms, on hospital areas such as wards and emergency departments
- procedural dermatology clinics and sessions, including radiotherapy, cosmetic procedures and laser sessions
- specialised areas including paediatric clinical experiences and contact dermatology clinics.

This real-world experience is supplemented by formal and informal teaching sessions, to which the trainee then develops a self-directed learning program. Learning opportunities will include:

- scheduled tutorials on topics at local and national levels (through the National Skin School)
- peer group teaching and support
- basic science and dermoscopy modules – located in the e-learning portal
- local histopathology tutorials.

The Resource List (see the Training Program Handbook, TPH for details) serves as a basis for self-directed learning. Trainees and supervisors should use the curriculum to guide this learning at all training levels.

The complete curriculum should be viewed as an integrated structure in which the specialised context of each role and topic are woven together to form a coherent program of study, rather than a series of individual topics to be completed in a predetermined or modular fashion.

The ACD Dermatology Training Program

Teaching and learning activities in the ACD Training Program

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| Putting the curriculum into action

Trainees and their supervisors should use the AusDerm to guide and plan their learning. The curriculum outlines the roles of a dermatologist, with the definitions and learning outcomes of each one detailed. Key competencies are shown accompanied by more detail in associated enabling competencies.

The curriculum is not a textbook but outlines relevant resources, and some links are provided to give further information where required. The Topic areas specific to dermatology sit within the Medical Expert role and detail key competencies related to each topic. The Roles section details where relevant learning and teaching activities related to each role can occur and how each role is assessed.

The Rotation Learning Plan (RLP), which the trainee and their Supervisor of Training (SoT) develop at the commencement of a rotation, is key to articulate the learning experiences the trainee identifies as necessary to their development and should ensure appropriate progression in experience and responsibility. The RLPs should be designed and used to ensure that the entire curriculum is covered over the training period. Further details about the RLPs are located in the TPH.

Trainees undertake a series of assessments during their training to ensure they meet the required standard of performance in all aspects of dermatological practice to permit safe and effective patient care, and these are detailed in the TPH. To summarise, there are two types of assessment: formative and summative.

Formative assessments are educational and developmental evaluations of trainees' competencies that occur throughout training and contribute to their learning. They are assessments *for* learning.

These formative or workplace-based assessments (WBA) are conducted in the day-to-day clinical setting. They are authentic to real-life practice and have the power to provide a trainee with valuable feedback on their performance – encompassing their clinical skills and knowledge together with their professional ones, including cultural responsiveness, time management, teamwork and communication skills.

It is essential that these assessments are spaced out during rotations and over the whole training program and that trainees seek assessment by a broad range of consultants. In that way, the feedback received will be richer and more varied and provide more significant opportunities for their growth and development – ultimately, meaning they will provide better care for their patients.

To further enhance their learning, trainees should also regularly seek out feedback from their supervisors. This includes informal comments on a particular aspect of their performance in addition to the formal assessments of their knowledge, skills and professional behaviours outlined above. Trainees should view feedback as an opportunity to improve and so empower them to provide the best possible care to their patients and the community, both now and into the future.

Summative assessments are formal evaluations of a trainee's performance conducted at set times during the Training Program. They include the summative in-training assessments (SITA) and the fellowship examinations. In these assessments, trainee performance is also assessed against several standards relating to clinical knowledge and skills and professional qualities, though the focus is the assessment *of* learning.

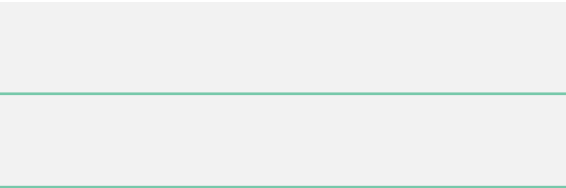
Resource list

See the [Training Program Handbook](#) for the current list of resources.

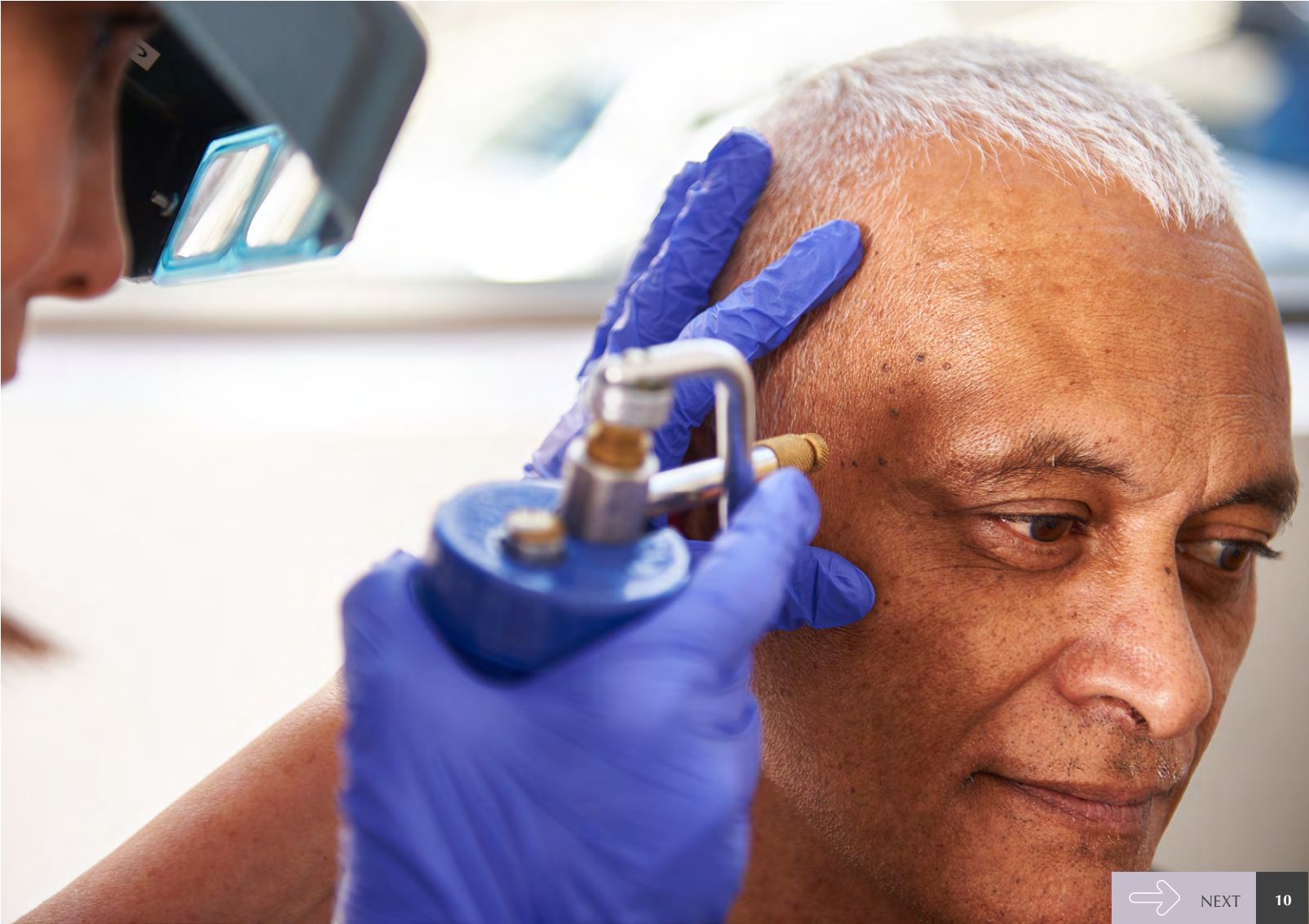
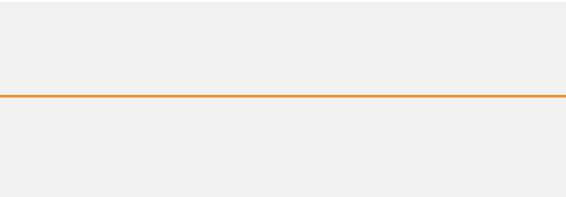
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Guide to acronyms used in the Curriculum

Acronym	Key
ACD or the College	Australasian College of Dermatologists
ARC	Academic Research Committee
ASM	Annual Scientific Meeting
CbD	Case-based Discussion
CS	Clinical Supervisor(s)
CSOCM	Clinical Sciences Online Competency Modules
Derm-CEX	Dermatology Clinical Evaluation Exercise
DoT	Director of Training
FExam	Fellowship Examinations
LO	Learning outcome
NExC	National Examinations Committee
NTC	National Training Committee
ProDA	Procedural Dermatology Assessment
RLP	Rotation Learning Plan
SITA	Summative In-Training Assessment
SoT	Supervisor of Training
TOP	Trainee Online Portfolio
WbA	Work-based Assessment



See [references](#).

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Dermatologist roles

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DEFINITION

Dermatology is the branch of medicine concerned with the study and clinical management of the skin, hair and nails, both in health and disease.

GOALS

Upon completing training, a trainee is expected to be a competent specialist in Dermatology and capable of assuming a consultant's role. The trainee must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in science and research, as it applies to medical practice.

These elements of competence outlined in the Introduction are expanded as detailed objectives, for greater clarity, in the following pages.

These detailed objectives describe minimal standards and in no way exclude the necessity for mastery of additional knowledge, skills, or behaviours necessary for the most effective management of patients with skin disorders.

Trainees must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, those graduating from the training program must address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner.

Throughout this document, references to those important to the patient are intended to include all those who are personally significant to and are concerned with the patient and his, her or their care. This may consist of family members, partners, caregivers, legal guardians, and substitute decision-makers.



Throughout this document, the term skin refers to the skin, its appendages, and the visible mucous membranes where relevant.

Dermatologist roles

DERMATOLOGY COMPETENCIES

At the completion of the Australasian College of Dermatologists Training Program, the trainee will have acquired the following competencies and will function effectively as a:

As Culturally Responsive Practitioners, dermatologists are committed to the continual development of cultural awareness, knowledge and skills, and the importance of providing culturally appropriate and safe care for all their patients and the community.

As Communicators, dermatologists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

As Collaborators, dermatologists work effectively within a healthcare team to achieve optimal patient care.

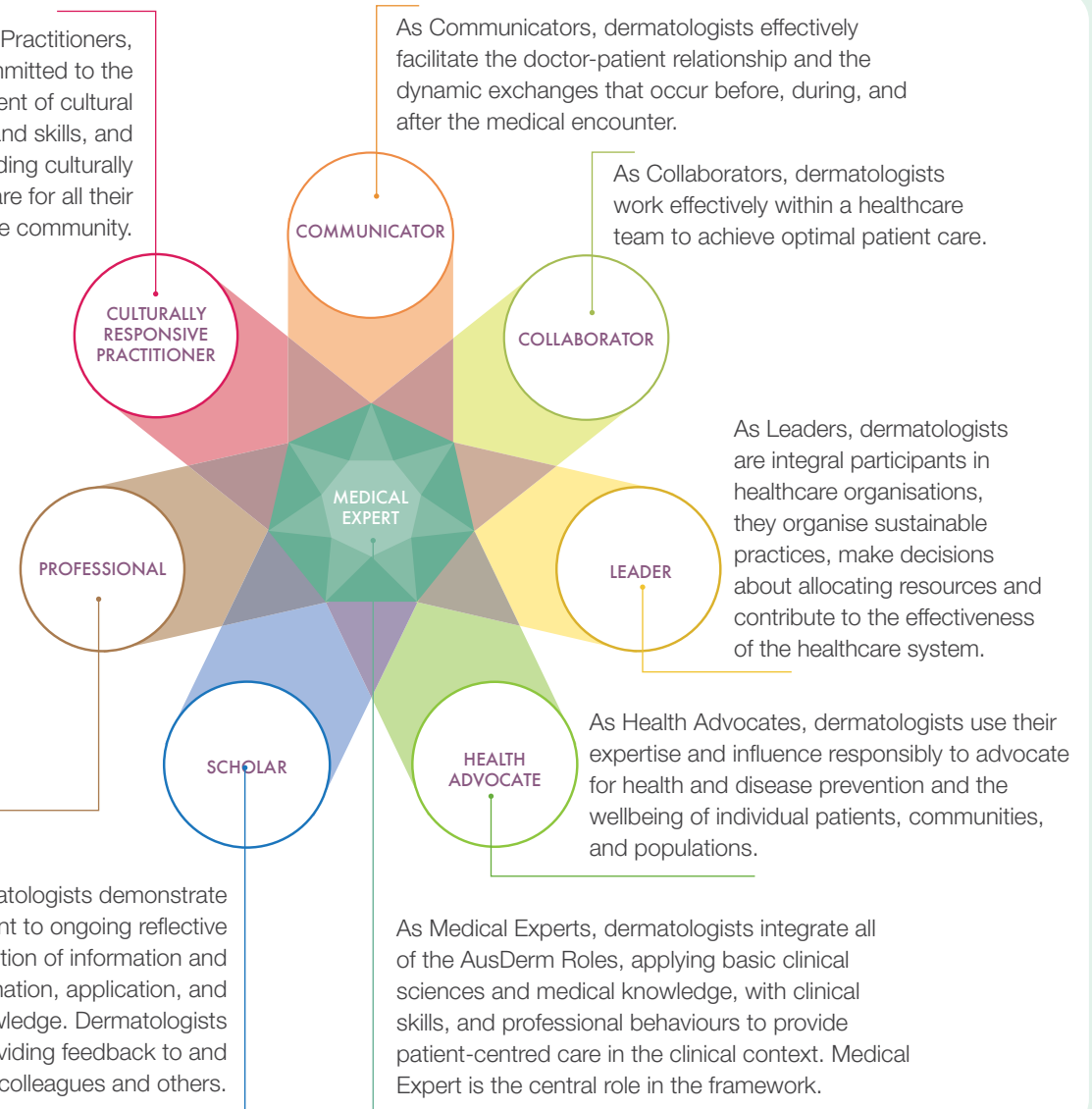
As Leaders, dermatologists are integral participants in healthcare organisations, they organise sustainable practices, make decisions about allocating resources and contribute to the effectiveness of the healthcare system.

As Health Advocates, dermatologists use their expertise and influence responsibly to advocate for health and disease prevention and the wellbeing of individual patients, communities, and populations.

As Medical Experts, dermatologists integrate all of the AusDerm Roles, applying basic clinical sciences and medical knowledge, with clinical skills, and professional behaviours to provide patient-centred care in the clinical context. Medical Expert is the central role in the framework.

As Professionals, dermatologists are committed to the health and wellbeing of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

As Scholars, dermatologists demonstrate a lifelong commitment to ongoing reflective learning, critical evaluation of information and the creation, dissemination, application, and translation of medical knowledge. Dermatologists commit to teaching, providing feedback to and assessing their colleagues and others.



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Dermatologist roles

DEFINITIONS: KEY TERMS

Key terms have been defined for the purpose of assisting trainees with understanding the depth and complexity of the knowledge and skill expected of them. It is important to note that the terms below are defined specifically in relation to dermatology and may differ from the definitions provided by broader educational frameworks and dictionaries.

Term	Definition
Analyse	Identify components and the relationship between them. Draw out and relate implications.
Anticipate	Based on clinical skills and knowledge, expect a particular outcome and plan for this.
Apply	Use, utilise, employ in a particular situation.
Appreciate	To understand that something is true and the implications of this.
Assess	Conduct an assessment of the patient, usually history and examination.
Calculate	Ascertain/determine from given facts, figures or information.
Define	State meaning and identify essential qualities.
Demonstrate	Complete and describe all the steps while being observed to do
Design	To think of and plan a system, a way of doing something, etc., usually for a particular purpose or use.
Describe	Provide characteristics and features.
Determine	Discover the facts about something to calculate something exactly.
Develop	To design and plan, for example, taking into account the patient's unique characteristics, goals and values when planning for a particular treatment.
Diagnose	To say exactly what an illness or the cause of a problem is.
Differentiate	To recognize or show that two or more things are not the same by comparing the features of each.
Discuss	Identify issues and provide points for and/or against.
Distinguish	Recognise the difference between two people or things.
Engage	Mobilise and bring together resources and set to work for a particular purpose, for example, management of a particular patient.
Evaluate	Make a judgement based on criteria, knowledge or experience.

Term	Definition
Explain	Relate cause and effect; make the relationships between things evident; provide why and/or how.
Facilitate	To make an action or process possible or easier.
Formulate	To create or prepare something carefully, giving particular attention to the details.
Identify	Bring together and set to work for a particular purpose, for example, in the management of a particular patient.
Implement	To formulate and enact, e.g., a treatment regime.
Integrate	To combine two or more things so that they work together.
Interpret	To understand the meaning and implications of something – for example, a piece of clinical information or the results of an investigation.
Investigate	Determine which investigations are appropriate/required.
List	Name, usually in the order of importance or frequency, for example, in relation to differential diagnoses, therapies.
Manage	Complete a full patient assessment, any required investigations, treatment and follow-up, specific to that patient and their context.
Outline	Describe in general terms, indicate the main features.
Record	Document according to conventions.
Perform	To do something, such as a piece of work, task or duty; performing a skill, task – something practical, e.g. doing a skin check, excising a lesion.
Quantify	To describe or express something as an amount or a number, often as a proportion or risk.
Recognise	Synthesise existing knowledge, skill and experience to correctly select the appropriate diagnosis, condition or other, such as management option.
Select	Choose something from a group of things, usually according to a system.

This curriculum is based upon the CanMEDS 2015 Physician Competency Framework [6], the CanMEDS 2015 OTR Special Addendum [8] and the Objectives of Training in Dermatology [7]. It is also informed by previous versions of the ACD curriculum [9] and the UK dermatology curriculum [10].

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Dermatologist Roles Competencies



MEDICAL EXPERT

As Medical Experts, dermatologists integrate all of the AusDerm Roles, applying basic clinical sciences and medical knowledge, with clinical skills, and professional behaviours to provide patient-centred care in the clinical context. Medical Expert is the central role in the framework.

- ME 1:** Function effectively as consultants, integrating all of the AusDerm Roles to serve patients and the community with high-quality, ethical, and patient-centred medical care.
- ME 2:** Establish and maintain detailed dermatologic knowledge, including basic clinical sciences, pharmacology, dermatologic medicine and procedural dermatology. Combine this effectively with clinical skills and professional behaviours appropriate to contemporary Dermatology practice in Australia.
- ME 3:** Perform a complete and appropriate assessment of a patient and use the information to guide sound clinical decision making.
- ME 4:** Create, implement and evaluate the effective treatment and management plans, taking into account the patient's condition, context and priorities, their age and general health, the epidemiology and natural history of the disease, risks versus benefits and available health resources.
- ME 5:** Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic.
- ME 6:** Establish plans for future ongoing care and, when appropriate, timely communication with and consultation from other health professionals, recognising the limits of their expertise.
- ME 7:** Actively contribute, as an individual and as a team member providing care to the continuous improvement of healthcare quality and patient safety.

“Professional education, therefore, must inculcate responsible professionalism, not only through explicit knowledge and skills, but also by promotion of an identity, and adoption of the values, commitments, and disposition of the profession”

Cooke, Irby, O'Brien and Shulman 2010, in [4]

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Dermatologist Roles Competencies



COMMUNICATOR

As Communicators, dermatologists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

- COM 1:** Develop rapport, trust, and ethical therapeutic relationships with patients and those important to the patient to permit effective communication.
- COM 2:** Develop a shared understanding of issues, problems and plans with patients and those important to the patient.
- COM 3:** Convey relevant healthcare information, explanations and plans accurately to patients and those important to the patient.
- COM 4:** Effectively document and share oral, written and electronic information about the medical encounter to optimise clinical decision-making, patient safety, confidentiality, and privacy.
- COM 5:** Develop skills to permit effective communication with referring doctors, other colleagues and the broader healthcare team.
- COM 6:** Develop skills to permit effective communication with the broader community.

COLLABORATOR

As Collaborators, dermatologists work effectively within a healthcare team to achieve optimal patient care.

- COL 1:** Participate effectively and appropriately in an interprofessional healthcare team.
- COL 2:** Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict.
- COL 3:** Hand over the care of a patient to another health professional where appropriate, to facilitate high-quality care and safe continuity of patient care.

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Dermatologist Roles Competencies

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LEADER

As Leaders, dermatologists are integral participants in healthcare organisations, they organise sustainable practices, make decisions about allocating resources and contribute to the effectiveness of the healthcare system.

- L 1:** Lead and manage others effectively.
- L 2:** Participate in activities that promote quality and safety and contribute to the improvement and effectiveness of healthcare delivery in teams, organisations and systems.
- L 3:** Demonstrate an understanding of the healthcare system and the related professional and organisational resources.
- L 4:** Critically assess and employ finite healthcare resources appropriately and for optimal patient care.

HEALTH ADVOCATE

As Health Advocates, dermatologists use their expertise and influence responsibly to advocate for health and disease prevention and the wellbeing of individual patients, communities, and populations.

- HA 1:** Recognise patient health needs and barriers to care and advocate for access and non-discriminatory care for individuals.
- HA 2:** Evaluate and respond to the dermatological health needs of the communities they serve.
- HA 3:** Recognise that the health status of all people is impacted by social, political, environmental, economic and other determinants of health.
- HA 4:** Promote the dermatological health of individual patients, communities, and populations.

SCHOLAR

As Scholars, dermatologists demonstrate a lifelong commitment to ongoing reflective learning, critical evaluation of information and the creation, dissemination, application, and translation of medical knowledge. Dermatologists commit to teaching, providing feedback to and assessing their colleagues and others.

- S 1:** Maintain and enhance professional knowledge through ongoing learning.
- S 2:** Critically appraise medical information and its sources, applying it appropriately to practice decisions.
- S 3:** Contribute to the development, dissemination, and translation of new knowledge and practices by active involvement in research.
- S 4:** Educate patients and those important to the patient, colleagues and the wider community.

Dermatologist Roles Competencies

PROFESSIONAL

As Professionals, dermatologists are committed to the health and wellbeing of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

- P 1:** Demonstrate a commitment to their patient, profession, and society through ethical practice.
- P 2:** Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation.
- P 3:** Demonstrate a commitment to dermatologist health and wellbeing, both their own and that of colleagues, to foster optimal patient care and sustainable practice.

CULTURALLY RESPONSIVE PRACTITIONER

As Culturally Responsive Practitioners, dermatologists are committed to the continual development of cultural awareness, knowledge and skills, and the importance of providing culturally appropriate and safe care for all their patients and the community.

- CRP 1:** Demonstrate commitment to the continual development of their cultural responsiveness.
- CRP 2:** Recognise and respect Aboriginal and Torres Strait Islander Peoples as the first peoples of Australia. Demonstrate skills to ensure the cultural safety of all Aboriginal and Torres Strait Islander Peoples. Discuss the unique history and culture of Aboriginal and Torres Strait Islander Peoples concerning current health and other disparities.
- CRP3:** Apply specific knowledge of patients' cultural and religious background, values, attitudes and beliefs in managing and treating patients.
- CRP 4:** Demonstrate respect for diversity and effective communication with people from ethnically, culturally and linguistically diverse backgrounds.
- CRP 5:** Demonstrate respect for diversity and effective communication with people from a diverse range of genders, sexualities, and physiological sex characteristics.



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Topics overview

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Clinical Sciences

Anatomy
 Biochemistry and physiology relevant to the skin
 Genetics
 Embryology
 Immunology
 Apoptosis
 Allergy
 Autoimmunity
 Role of the vascular system in immunity and wound repair
 Physics relevant to the skin
 Microbiology (basic sciences)

Basic Pharmacology

Emergency Dermatology

Dermatological Diseases

Inflammatory
 Eczema/dermatitis
 Psoriasis
 Papulosquamous disorders
 Lichenoid conditions
 Exanthems
 Erythroderma
 Urticaria
 Erythemas
 Appendageal diseases
 Rosacea, periorificial dermatitis and related disorders
 Autoimmune connective tissue disease / Rheumatologic dermatology
 Auto-inflammatory syndromes
 Vesiculobullous diseases

Skin changes due to external factors

Drug reactions
 Disorders due to physical agents

Vascular

Vasculitis and purpuras
 Vascular system disorders
 Lymphatic system disorders

Infectious / microbiological agents

Infections
 Infestations, bites and stings

Neoplastic

Benign skin neoplasms
 Premalignant and malignant neoplasms

Infiltrative

Lymphoproliferative and myeloproliferative disorders
 Non-infectious neutrophilic dermatoses
 Eosinophilic dermatoses
 Histiocytoses
 Mastocytosis syndromes
 Disorders of macrophages (non-infective granulomas)

Genetic and developmental disorders

Developmental disorders / Hamartoma
 Genodermatoses
 Pigmentary disorders

Specialised sites

Disorders of hair
 Disorders of nails
 Disorders of eccrine and apocrine glands
 Oral diseases
 Anogenital diseases

Disorders of dermal connective tissue

Disorders of subcutaneous tissue

Cutaneous manifestations of other systemic disease

Skin signs in patients with systemic disease
 Skin signs in patients with paraneoplasia
 Metabolic disorders

Psychocutaneous diseases

Dermatoses of specific populations

Skin disorders of Aboriginal and Torres Strait Islander Peoples
 Paediatric dermatology
 Dermatoses in pregnancy

Skin of colour

Transgender dermatological medicine

Teledermatology and emerging technologies

Therapeutics

Clinical Pharmacology

Drug categories

Surgery

Anatomy (see also Clinical Sciences)
 Biopsy
 Curettage
 Incision, drainage and exteriorisation
 Elliptical excision
 Wedge excision
 Skin flaps
 Skin grafts
 Regional repair options
 Scar Revision

Physical therapies

Phototherapy
 Photodynamic therapy
 Lasers, light and energy devices
 Cryotherapy
 Electrosurgery
 Iontophoresis

Cosmetic procedures

Soft tissue augmentation
 Skin Resurfacing
 Botulinum toxins

Miscellaneous

Antibiotics and antivirals in procedures
 Topicals
 Injectables

Specialised Procedures

Nail unit procedures
 (See also Disorders of Nails)
 Mohs micrographic surgery (MMS)
 Radiotherapy
 Phlebology
 Advanced cosmetic procedures

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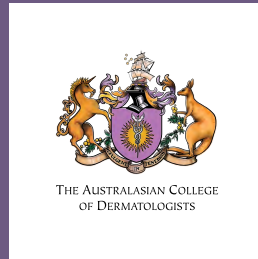
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