

# THE MOLE

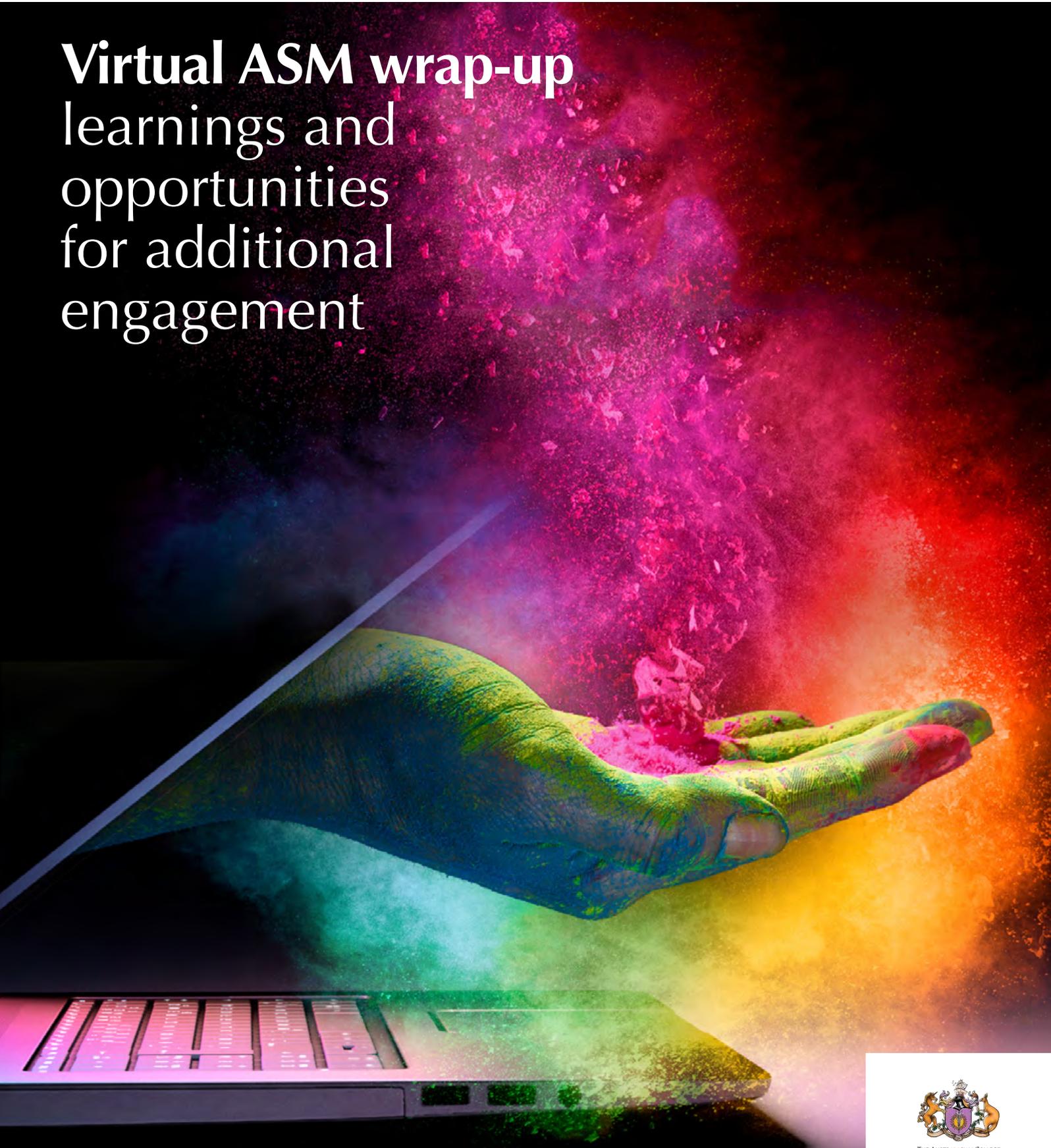
## MEASURING THE INTANGIBLE

Putting College at the front of mind of decision makers and the public

## BOOSTING RESEARCH INTO PAIN

College grant boosts understanding of Dystrophic Epidermolysis Bullosa pain

**Virtual ASM wrap-up**  
learnings and  
opportunities  
for additional  
engagement



THE AUSTRALASIAN COLLEGE  
OF DERMATOLOGISTS

ISSUE 128  
AUTUMN 2021

# From the editor

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With 2021 now well and truly underway, we are seeing more evidence of how our planning throughout 2020 has enabled us to move forward within the still unpredictable COVID-19 landscape.

Our first virtual ASM showcased not only College's adaptability, but the adaptability of our members. We were very proud of the way our keynote speakers, presenters and attendees supported this event and we hope you found it as informative and engaging as we did.

The ASM highlighted some

emerging areas of opportunity for College which are featured in this issue such as the Clinical Audit and Peer Review Program, the issues surrounding AI and our continued advocacy efforts to support rural and Aboriginal and Torres Strait Islander health.

Our new President, Dr Clare Tait has a solid base from which to continue our efforts in these areas.

The education program continues to move ahead under the leadership of our new Dean, Dr Catherine Drummond, with the expansion of the GP training

strategy in the works, and the trainee programs successfully operating under the same online structure as last year.

We continue to share stories of your experiences, innovation and adaptability that are vitally important for the future direction of our profession. Thank you once again to all contributors to this issue. As ever, it is a wonderful reflection of College's dynamic and diverse membership.

**Associate Professor Anna Braue  
Honorary Secretary**

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## ACKNOWLEDGEMENT

The Australasian College of Dermatologists acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands in which we live and work, and pay our respects to Elders past, present and emerging.

**Disclaimer:** The Australasian College of Dermatologists wishes to encourage debate and exchanges of ideas amongst Fellows through *The Mole*. Nevertheless, the opinions expressed in articles in *The Mole* are those of the authors and are not necessarily those of the College. The inclusion of advertising in this publication does not constitute College endorsement of the products or services advertised.

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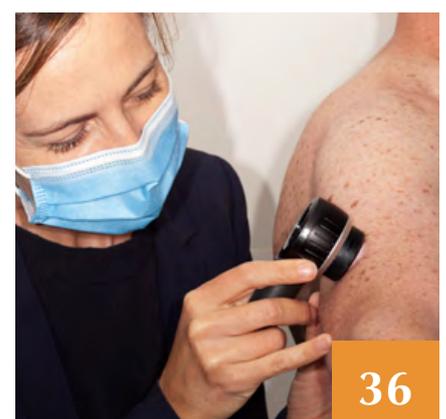
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Encouraging  
better  
conversations  
about what  
care is truly  
needed.

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# President's report

While the pandemic continues to be “the gift that keeps giving” I reflect very positively on our recent virtual Annual Scientific Meeting. It was another new chapter in your College's history and one of the major changes required to support Fellows, trainees and other students of dermatology through these disrupted times.

I am sure you will agree the content of the meeting was outstanding from both an academic and management point of view, particularly our guest speaker sessions and panel discussions. Congratulations and thanks go to all Fellows, College staff, speakers, and support staff, including our conference organisers and platform providers, who engineered our meeting. Even more importantly, a thank you to all those who by attending, albeit virtually, assured the success of the meeting. Support from our sponsors was essential to the new venture and I thank them for their contribution. The statistics from the meeting show that it was incredibly well attended throughout with numbers often eclipsing our last face-to-face meeting. While we look forward from a collegial point of view to our meeting in Adelaide next year in whatever form it takes, we have learnt multiple lessons that will take your College forward. This virtual meeting will prompt an interesting conversation in the future as to how our meetings run, as well as providing valuable experience for our international meeting at the end

of this year which is also online. We note that we missed seeing our colleagues face-to-face, as well as the ceremonial aspects of College's annual meeting, including graduating our new Fellows, and the presentation of awards which are both highlights on the College calendar. Please let College know if you have any further feedback or suggestions after reflecting on the ASM.

Our Annual General Meeting (AGM) was also held online this month with the question and answer session very popular as usual. The AGM of course marked the transfer of College presidency to Dr Clare Tait from Western Australia, who as President-elect has assisted me greatly on the Board of Directors for the last few years. Clare has been a real contributor to College over a long period and I wish her well. Your College is fortunate to have such competent people to pilot us forward. Dr Adriene Lee is the new President-elect to support Clare, having served as the Dean of Education which was an especially important job over the last 12 months.

It is an appropriate time for me to express my gratitude to your Board for the diligent and considered work that has helped College stay on track and keep its head above water during my term as College President. To be able to continue to implement our strategic plan, continue training and graduating dermatologists of a high standard, deal with financial risks to College,

and support Fellows as they navigate the pandemic is no mean feat. Your Board has given me expert counsel to achieve this.

To all the Fellows who chair and serve on College committees, thank you for your important work that provides the Board with appropriate knowledge to make decisions. Thanks also to A/Prof Anna Braue, our Honorary Secretary, who oversees the weekly newsletter that is vital in communicating with Fellows and trainees, as well as this publication.

I have been lucky to be surrounded by College staff of such high calibre. Led by Tim Wills (CEO), Haley Bennett (Deputy CEO), and Brett O'Neill (Education), College is well equipped for the exciting path onward in our new premises. I thank also the rest of the employees at College, whose work in the background may go unnoticed by Fellows, but has given me a platform from which to direct the show.

I am grateful to both my work colleagues and family for their tolerance of time absent, and especially to my wife for her support, as well as moving around so quietly off-screen!

It has been an honour to serve as President of a medical college that is always looking to improve in its service to Fellows, trainees, their patients and community. I leave wishing you all good health and good luck!

**Associate Professor  
David Francis**



# CEO's report

Autumn 2021 has seen College open some new chapters. The Board has undergone changes with the retirement from the presidency of A/Prof David Francis and the leadership baton passed to Dr Clare Tait at the AGM. College HQ has moved from Rhodes to St Leonards. Our first virtual ASM was held in April and as David has mentioned, this was by many measures very successful.

Going forward, we are well placed to ensure we continue to deliver against our strategic plan by addressing the issues brought about by changes to our governance structure.

When the Constitution changed in late 2015 we moved to a Board of seven. Six years on we have now experienced how this has served us. A key issue with a smaller Board is continuity.

Members would be aware that three positions are elected and four are appointed. The Dean is elected for 3 years, the President-elect for 2, and the President serves for 2 years. All other appointed Directors serve 3 year terms. If it happens that a Dean retires when a President does, as is the case in 2021, the Board faces a possible change of two Directors. Plus, if any of the two appointed directors reach their term's end, change could be larger.

It is therefore important that both

Independent Directors, Mr Phillip Hyde and Ms Genevieve Dolan sought to have their term of 3 years extended for a further 3 years, Philip last year and Genevieve this year. The Nominations and Governance Committee managed this process and recommended re-appointment, which is not automatic. Both Philip and Genevieve have valued skills and strengths and now know our College well. Their extension enables continuity of strategy and issues management and it provides an important stabilising effect. So, for 2021 only one change occurs to the personnel as Dr Catherine Drummond joins as Dean and A/Prof David Francis leaves. Dr Adriene Lee now wears a new hat as President-elect. The Board is mindful that governance continuity is important in turbulent times. As CEO I wish to express my thanks to David for his leadership through these challenging times, and for the support provided to me and to all staff.

College's strategic plan endorsed in early 2020, with a budget to assist, was disrupted by the pandemic, but despite the disruption, notable headway was made. Members can read the [Board Report](#) number 4.4 from the [May 2021 Board meeting](#) to get a feel for what was a remarkable year. College is well positioned, but this is no time for assumptions or

complacency. Change around us is constant. Our ability to foresee and react quickly remains highly important.

Ahead of us, and at the start of a new President's term there is opportunity, building on the many matters now underway. Aside from maintaining our Training Program and managing 2021 exams, the big focal points are:

- developing Member strategy
- CPD and our Professional Performance Framework responses and CPD Home
- strengthen GP Education
- re-invest our Funds
- continue to strengthen our College culture and government advocacy.

Finally, we are confident that we have the recipe to deliver a successful International Congress of Dermatology in November. A face-to-face meeting is limited by the cost of bringing experts onshore, but a virtual conference and is not. The convenors of ICD2021 are assembling a worldwide cast of leading speakers for this virtual meeting. I encourage all members and trainees to register. This will be an outstanding learning opportunity and there are special deals for ACD members so please get involved.

**Tim Wills**  
Chief Executive Officer



## We have moved!

Following the end of the lease at Rhodes, College HQ has moved to a new premises at Level 6, 33 Chandos Street St Leonards. The new space includes a training room and is only a three minute walk from St Leonards train station. There has been no change to telephone numbers or email addresses however

our new mailing address is PO Box 166 St Leonards 1590 so please update your records.

Thank you to the office relocation team who ensured a smooth transition to our new premises. We have settled into our new space and are now focusing on the finer details of interior design – keep an eye on this space for future updates.



# Introducing new College President – Dr Clare Tait

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I am a Western Australian based dermatologist incredibly fortunate to have my dream job as visiting dermatologist to the Kimberley health region of Western Australia. My public experience includes 20 years at Royal Perth Hospital and I part-own a private practice with two other Fellows. We are lucky enough to have five other dermatologists working with us. Prior to becoming a dermatologist I undertook my general physician's training in London and then worked as a rural and remote area general practitioner for 5 years in the south eastern part of Western Australia, another exciting and sometimes nerve-racking professional endeavour.

My interest and participation in College activities started in the education portfolios where I gained experience on a number of committees. This led to my appointment as Dean of Education in 2012, and it was during this time that an interest in governance began. In 2018 I was re-elected to the Board and as President-elect since 2019 I have served on the Aboriginal and Torres Strait Islander Affairs Committee, the Representatives Committee and the Nominations and Governance Committee and I chair the Audit and Risk Committee. This latter appointment has been a particular challenge, as anyone who knows me well understands that finance and number crunching are not my natural territory. However, as with all my experiences with College work, I have had great guidance and support from other Fellows, our non dermatologist Board members, and our much valued College executive and staff.

Education at undergraduate and postgraduate levels, and for the wider medical profession and for our communities must remain the foundation of College

activities. Supporting academics and their research activities is vital to ensure optimal patient and community dermatological outcomes in the future. We are committed to supporting our own journal.

Our engagement and advocacy activities must align with the desire for our patients to have access to the highest quality dermatology care and advice, particularly where it is most needed in our outer metropolitan and rural and remote communities. In addition, we must continue to develop our profile as the expert peak body in all matters relating to skin health and disease management and develop relationships with key organisations such as federal and state governments, other health care provider organisations, universities, local communities and the media.

I wish to see a more evenly distributed delivery of expert dermatology services across our country and this will be a key focus over the next few years. We must strive to protect and promote our high standards whilst generously sharing our expertise.

I am very sad to be saying farewell to A/Prof David Francis. He has been such a calm and considerate leader who has rallied and supported us all from the relative discomfort of the Zoom meeting place during a year of unprecedented upheaval and change. Always available, a much valued sounding board and always with his sense of humour and sense of proportion intact, it has been such a pleasure to work alongside him. Thank you David, and to Linda, for your commitment, service and friendship. North Stradbroke Island awaits you both!

**Dr Clare Tait**

# Measuring the intangible: our engagement challenge

Several years ago it was recognised that a concerted effort was needed to put College at the front of mind of decision makers and the public, so that we can truly be the Representative Voice for skin health.



This takes a multi-faceted approach – combining advocacy to government, working closely across the various levels of bureaucracy, building relationships with organisations with complementary goals, actively profiling to media, and engaging meaningfully with patient groups and the community.

DR HALEY BENNETT, DEPUTY CEO

Throughout this process, both the fundamental challenge and the core purpose of our advocacy efforts have become abundantly clear – that there are too few dermatologists to meet the skin health care demands of the Australian population and not enough in the places where people are most in need. All of our efforts are pointed towards addressing this challenge with the simple end solution of increased funding for registrars, as well as the consultants

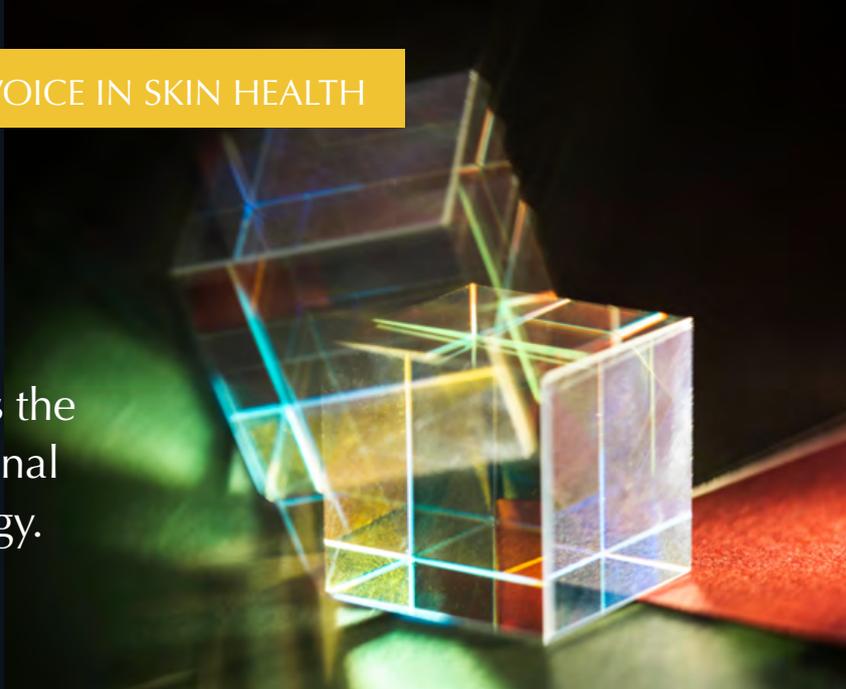
that supervise them, and moving towards a less centralised training and service model that is sustainable and robust.

We are playing the long game and as a result we do not always see the immediate fruits of our labour. With government we seem to take two steps forward and one step back, and so the dance continues. The rewards are more apparent in our day-to-day policy and engagement activities, all of which play a vital part in ensuring we are reflecting

the experience of patients and the community and can translate that into informing good health policy. Many of these types of engagement ‘wins’ are difficult to quantify but are no less valuable.

One recent example was our joint efforts in response to the Federal Government’s draft National Preventive Health Strategy. We joined forces with a range of organisations including Cancer Council Australia, the Skin Hospital, the Skin Health Institute, Melanoma

Another key initiative that continues to exercise us is the soon-to-be released National Medical Workforce Strategy.



Institute Australia, Victorian Melanoma Service and the Peter MacCallum Cancer Centre. There has been a dwindling focus on preventive health over the last decade, with the Australian National Preventive Health Agency winding up in 2014 as a result of government rationalisation. It was excellent to see preventive health back on the Government's agenda – but disheartening to see a complete absence of skin cancer from the draft strategy. Given that over 95% of skin cancers can be attributed to UV exposure – and that the impact of modifiable sun protective behaviours on risk reduction is well known – this oversight was quite remarkable. However College's joint advocacy to Minister Hunt had a successful outcome, with skin cancer integrated into the subsequent draft. There also now appears to be some investment to support governance of the Preventative Health Strategy and we are pursuing upcoming opportunities.

Another key initiative that continues to exercise us is the soon-to-be released National Medical Workforce Strategy. The strategy has had several consultations and iterations, with the medical colleges given the opportunity to provide a final submission earlier in the year. The strategy covers the full breadth of issues facing the medical workforce, including supply and demand tensions, maldistribution of training and services, career pipelines and bottlenecks, dis cohesive funding models, and the list goes on. What is unclear at this stage is how the strategy will be funded and implemented and the ramifications to existing arrangements.

There were some hints to be gleaned from the Federal Budget 2021-22 which was handed down on 11 May. With an additional \$5 billion, it was good news for Health. Reflecting to this time last year, where the potential implications of COVID-19 on

the health system were looming large, it is reassuring to see that the Federal Government has not skimped. Continued investment in telehealth (\$204.6 million to extend COVID-19 telehealth measures until the end of this year) was expected, as were commitments to regional and rural health. This includes \$65.8 million over 4 years to increase bulk billing payments for rural and remote doctors. For College, we are particularly interested in the announcement of \$29.5 million reinvested from the Specialist Training Program (STP) to a new funding pool for specialist training from January 2022. What this means for us at this point is not known, but it certainly presents some excellent opportunities. Information provided thus far indicates that the pool will fund activities such as small-scale trials of networked training models; expanded setting supervision; and support for junior specialists in training to transition to rural practice. There are many examples where this type of funding scheme would be invaluable to many Fellows working across different settings. We eagerly await our upcoming meeting with the Department to find out more and importantly, if there are any implications on our existing STP funding.

In the meantime, planning has begun for 2021 World Skin Health Day (WSHD) to be held in October. As in previous years, we use WSHD as an opportunity to bridge our community engagement activities with a targeted government advocacy campaign, working with patients and support groups to profile the issues that most matter to them. As always, we need as many Fellows and trainees as possible to get on board with our campaign. If you are interested in this year's World Skin Health Day or would like information about any of our policy or engagement activities, please contact [haley@dermcoll.edu.au](mailto:haley@dermcoll.edu.au). ●

# Townsville – Building a workforce for the region

Townsville... Remind me, where is it again? I ask Ruth (my partner), as we scout across the map of Australia. “There it is.” she says, pointing to some of the larger letters up near the top right corner. “Between Cairns and Mackay. I think it’s one of the bigger places up there”, she adds.

DR AARON BOYCE

We had never visited before, and up until this moment around 2 years ago, our knowledge of Townsville was largely limited to crocodiles and jellyfish. We looked at the map again - it seemed a long way from Melbourne’s coffee shops.

Curious about the place, we searched the internet for interesting facts. We discover that the population is around 200,000 and Townsville University Hospital is the only tertiary hospital in northern Australia, with a broader catchment of 700,000. Ruth looks at me with eyebrows raised “Are you sure there is only one dermatologist up there, and no one in the hospital?”

A few months later we are almost

ready to take the plunge. “I think we should do it.” Ruth says. “You will be able to help a lot of people and the medicine up there will be really interesting. Plus, you will have a chance to do all the other things that you enjoy, like teaching, research and business. You will love it”. She was right – it did sound good.

“It would be good for our girls, too...” I add, “... and a bit of an adventure – living in the tropics”.

Not long after that, contracts were signed and by January 2020, we had made the move.

Day one on the job, I found myself in a busy clinic. Word of my arrival had spread, and many patients had been eagerly awaiting their appointment. I was taken aback by

the pathology coming through the door. Every day brought a patient with a case worthy of a clinical meeting, and happily, I had a chance to make life better for them. It was precisely what I had come for.

Within three months we had bought a house, five minutes’ drive from the hospital. With property prices supremely affordable in Townsville, we were able to buy a place for a third of the price of our old place in Melbourne. We were quite happy with our buy, and apparently so were a few of my patients. “You bought a house? That’s a good sign. Perhaps you’ll stick around for a while...” one patient joked.

A few weeks later, COVID-19 hit. We heard stories of our friends doing it tough down south, but for us, life went on largely unchanged. We suffered the same shortage of toilet paper as everyone else, but mostly struggled to believe our good luck.

After a brief pause for COVID-19, referrals flowed back into the service thick and fast. With the influx of new patients, we started to develop subspecialty clinics. First cab off the rank was a Severe Psoriasis Clinic, aiming to cater for all our biologic naïve severe psoriatic patients. Next, a clinic for Paediatric Dermatology. More subspecialty clinics are planned to start this year.

Then came the “winter” months (the term “winter” doesn’t seem quite right up here, but we go along with it). From May through to September, the weather was absolutely perfect, and we began to explore the region. With no shortage of weekend destinations to choose from, the pace of the weekends fast resembled the busy week before it.

Relaxing on Magnetic Island soon became a household favourite, second only to cassowary spotting



Back row (left to right): Danielle McGeachie (PHO), Frank Chiu (PHO), Jacqueline Deen (Registrar).

Front row: Voleak La (Dermatology nurse), Aaron Boyce (Dermatologist).

at Mission Beach. Airlie Beach, is another great spot for a happy weekend away, a few hours' drive south.

Following advocacy with College to Queensland Health, we were successful in securing a registrar position for Townsville Hospital this year for the first time in several years. Starting with a bang, our first registrar Dr Jacqui Deen, had an immediate, positive impact on our team. With an awesome registrar, a couple of great PHOs, an RMO and a nurse, things were starting to take shape. It was starting to feel like a bona fide dermatology team.

**Of course, there is an elephant in the room. We need more consultants. Not just the hospital, but the entire region. But who will come? Where will they come from and when?**

Recognising the uncertainty surrounding these questions, the path forward became abundantly clear. We need to inspire, support and train the best local talent to become dermatologists. At the same time, we need to make the unit at Townsville Hospital an amazing place to work. If we can get these two things right, we can help build a workforce for the region that will last many years into the future.

To have the best chance of success, we need the help of other Fellows to join the team now. Even a small fly-in-fly-out involvement from a motivated person can make a big difference. We have scope to create special-interest clinics and have a strong research agenda planned for the coming years. To any Fellows who might want to be a part of developing a service for the future, please get in touch with me through College.

Coming to Townsville may be a road less travelled, but it has been a happy move for me. There is a lot here for dermatologists, both public and private, and plenty of great things to do outside of work. I certainly recommend it! ●

## Training in Townsville – An Invaluable Experience

DR JACQUI DEEN

I moved to Townsville as a newly accredited dermatology registrar for the first six months of training this year. This has been a unique and invaluable opportunity because Townsville Hospital has not had an accredited dermatology registrar for several years. I have enjoyed working with dermatology consultant Dr Boyce and the expanding dermatology team, who have all been instrumental in establishing a fantastic and essential service for not only Townsville but the greater community of North Queensland.

The experience I have had at Townsville Hospital has been fantastic. I have had exposure to a broad range of complex and extremely interesting medical dermatologic cases, including paediatric and adult patients, both in the inpatient and outpatient setting. A large number of patients are on systemic therapy and require regular monitoring, which has really helped to build my pharmacologic knowledge. I've also had experience managing conditions unique to North Queensland, including various tropical infections.

Townsville Hospital is the only regional tertiary centre in North Queensland and has a referral catchment of almost 700 000 people, including patients from remote, very remote and Aboriginal and Torres Strait Islander communities. I have enjoyed working with these patients and managing skin conditions more prevalent in this population, for example cutaneous lupus.

I have thoroughly enjoyed living in Townsville. I have been fortunate to live near the Strand, which is a nice place to relax on weekends. I have also explored various local waterfalls and beaches. My trips to Magnetic Island and Airlie Beach have definitely been highlights.

I am very grateful for the opportunity to have worked and lived in Townsville this year and would highly recommend this to future trainees.

View of Magnetic Island





# ASM patient support groups roundtable

On 10 April 2021, College hosted a virtual roundtable with representatives from patient support groups, facilitated by Gayle Murphy, Chair of the ACD Community Engagement Advisory Committee (CEAC).

MARIAM ZAHID, ENGAGEMENT OFFICER

The roundtable aimed to provide an opportunity for patient support groups and ACD to come together to discuss the practical ways support groups can not only work individually with ACD, but together as a community of stakeholders to build our collective capacity, reach and impact in supporting better outcomes for people affected by skin, hair and nail conditions.

This is the fourth year College has hosted a roundtable with patient support groups. We have come a long way in building and strengthening a bi-directional relationship that focuses on collaboration.

These roundtables are a valuable opportunity to share thoughts and ideas for working together to increase understanding of patient needs, experiences and perspectives; raise community awareness of skin conditions and their significant psychosocial impacts; and influence policy and funding decisions

to improve access to dermatology care and outcomes for patients.

This year's roundtable discussion included suggestions for continued awareness raising on the psychosocial impacts of skin conditions and overcoming barriers for patients in getting a timely referral to a dermatologist. The insights provided by patient support groups were well aligned with ACD focus areas of 2021, which include:

- Raising the profile of dermatology by highlighting the psychosocial impacts of skin conditions and the role dermatologists play in improving quality of life for patients.
- Continued advocacy to federal, state and territory governments to address the dermatology workforce shortage especially in regional and rural Australia by highlighting the importance of access to timely dermatological care to patient outcomes and quality of life.

College continues to work closely with representatives from dermatological patient support groups. Building strong relationships with these groups helps us gain a better understanding of patient need, not only the clinical challenges of treating dermatological conditions, but also their unique challenges in navigating the healthcare system, health literacy issues and the psychosocial impact of skin disease.

Some of the ways ACD and patient support groups work together:

#### **PATIENT SUPPORT GROUPS NEWSLETTER**

College's dedicated monthly newsletter for patient support groups and their networks keeps the communication channel active and patient support groups engaged. The newsletter provides an opportunity to update patient support groups with what is happening at College, and share other support group updates, new resources, research and networking opportunities that may be useful.

#### **SOCIAL MEDIA**

The majority of patient support group engagement is achieved through social media and email. ACD maintains an active online presence across four social media platforms and we use it to promote patient support group awareness days, raise awareness about particular skin conditions and celebrate other news and information pertaining to the support groups.

#### **CAMPAIGNS AND OTHER INITIATIVES**

- College celebrates World Skin Health Day in collaboration with patient support groups to showcase the diversity of skin conditions in Australia and highlight the psychosocial impacts of living with skin, hair and nail conditions.
- Patient support groups connect us with patients and their stories which are invaluable in supporting our media engagement and advocacy and keeping us focused on the very real challenges people face.
- College connects patient support groups with Fellows as expert writers and reviewers for articles and resources, as speakers for webinars and virtual events, and to support their advocacy initiatives.
- College works with patient support groups to administer research grants on their behalf.

Patient support groups are instrumental in providing practical and emotional support to help people, their carers and families suffering from chronic skin conditions and GPs and dermatologists have an important role to play in connecting patients and their families to support groups. We have various patient support groups listed on our website <https://www.dermcoll.edu.au/for-community/find-support-group/> offering services like news, research updates, newsletters, and information sessions for

skin, hair, and nail conditions. Many of these support groups work very closely with Fellows who provide clinical input to resources and communications and help advocate on behalf of patients for the improvement of services.

If you work closely with any of the patient support groups, we would love to hear from you on what you and the support group(s) gain from working together, and your ideas for ways College can further support patient support groups. ●

# Choosing wisely in dermatology

In April 2021, ACD published three new Choosing Wisely recommendations – on systemic non-sedating antihistamines and topical corticosteroids for skin conditions.

CAROLINE ZOERS, POLICY MANAGER

Encouraging better conversations about what care is truly needed.

Choosing Wisely Australia® is an initiative of NPS MedicineWise in partnership with Australia's health professional colleges, societies and associations. The campaign aims to enable clinicians, consumers and healthcare stakeholders to start important conversations about tests, treatments and procedures where evidence shows they provide no benefit, or in some cases, lead to harm.

Australia's peak health professional colleges, societies and associations have developed lists of evidence-based recommendations of the tests, treatments, and procedures that healthcare providers and consumers should question.

ACD launched its first five recommendations in 2016 - on leg cellulitis, epidermal cysts, urticaria, distorted toenails and acne. Our three new recommendations, on systemic non-sedating antihistamines and topical corticosteroids for skin conditions, were developed by College's Expert Advisory Committee and then subject to review by the Choosing Wisely Representatives Committee comprising other Choosing Wisely members.

## PUTTING CHOOSING WISELY INTO PRACTICE

In 5 years, since its launch in 2015, Choosing Wisely Australia has grown from just 6 health professional colleges publishing 26 recommendations to a network of 97 health organisations with 207 recommendations and a range of implementation activities to put recommendations into practice.

94% of Australian health professional colleges are on board as members. The network of Champion Health Services, currently at 42 services continues to grow, driving reductions in unnecessary care across Australia by putting Choosing Wisely recommendations in practice.

Choosing Wisely Australia has a strong focus on supporting implementation, and one way they do this is by providing toolkits and relevant resources.

Implementation resources include their Hospital Implementation Toolkit, the Choosing Wisely in General Practice Toolkit and Stewardship Toolkit for Clinical Educators, available [here](#).

A number of member colleges, societies and associations have developed clinical case studies for use in clinical education programs. To do the same for some of our dermatology recommendations might be one means of enhancing dermatology teaching in medical schools. There is also an opportunity to integrate our Choosing Wisely recommendations into our education modules for GPs and other health professionals.

**RESOURCES FOR YOUR PATIENTS**

The Choosing Wisely ‘5 Questions to ask your doctor’ resource helps guide consumers and carers towards useful questions they can ask their healthcare providers. This is available in multiple formats, including digital and printed formats, and as a downloadable poster in English and 12 additional languages. ACD was able to promote these 5 questions as part of our *Your dermatology telehealth appointment – A five step guide* launched in 2020.

There are a number of consumer videos aimed at encouraging people to ask questions and the types of questions to ask for use in waiting rooms/clinics. You can access them through the Choosing Wisely [website](#).

**Consumers at the centre**

**Your dermatology telehealth appointment – A five step guide**

The COVID-19 pandemic has demanded new, integrated and innovative approaches to the way healthcare is delivered. Telehealth options have been part of the solution to ensure patients continue to access the care they need in a timely, safe and convenient way. For some areas of medicine, patients may have reservations about if they will get the same level of care. Empowering health consumers to continue to ask questions in the virtual environment is important to ensure they get the right healthcare for them.

The Australasian College of Dermatologists (ACD) seeks to empower Australians to access specialist care when it is needed and is committed to

informing the community about dermatologists and the conditions they treat. On World Skin Health Day in October 2020, the ACD launched a new guide *Your dermatology telehealth appointment – A five step guide*. The resource was designed to reassure patients that dermatology appointments by video or phone are a safe way to receive convenient and ongoing care and to support patients to prepare to get the most out of their appointment.

Enabling patients to ask questions helps them to get the best possible care. Reminding patients that it's OK to ask questions was a key message in the five step guide. Partnering with NPS MedicineWise, the guide included Choosing Wisely Australia's '5 Questions to ask your doctor'. The 5 Questions resource was included next to a section where patients could write down their questions ahead of time as well as take notes during the consultation and document next steps.



The new guide has been promoted via social media by the ACD, Choosing Wisely Australia and ACD's broader network of stakeholders and patient support groups. Social media activity for World Skin Health Day saw a marked and positive increase of up to 60% across social media analytics (activity, reach and engagement) across ACD's four platforms (LinkedIn, Facebook, Instagram and Twitter) compared with the immediately preceding period. Between 23 September and 20 October, there were 250-300 external visitors to the World Skin Health Day webpage, with 99 views/downloads of the telehealth guide via the website. Social media activity was complemented by traditional media outreach with the ACD media release reinforcing the message that it's OK to ask questions.



Choosing Wisely Australia Annual Report – Principles into Practice 2020

“It was excellent to see [Choosing Wisely] projects sustained throughout the pandemic, and particularly to see the strong consumer focus of projects like the Australasian College of Dermatologists’ new Your dermatology telehealth appointment – A five step guide...”  
Adj/A Prof Steve Morris, CEO NPS MedicineWise

**PROMOTING CHOOSING WISELY FOR DERMATOLOGICAL CONDITIONS**

We are currently looking at how best to promote our new and existing Recommendations to the key target audiences of GPs and pharmacists and updating College resources on these topics to support implementation. If you have any suggestions on how we can help promote ACD's recommendations, please email [carolinez@dermcoll.edu.au](mailto:carolinez@dermcoll.edu.au).

This is an excellent means of demonstrating our professional leadership to advance evidence-based, safe and sustainable healthcare as it relates to dermatology. We encourage you to consider how you could facilitate and contribute towards implementing these or similar initiatives into practice in your own health setting or situation, and among your networks.

The Choosing Wisely digital network continues to grow. To find out more subscribe to the electronic newsletter at [www.choosingwisely.org.au/register](http://www.choosingwisely.org.au/register) and follow on Facebook @ChoosingWiselyAustralia, on Twitter @ChooseWiselyAU, on LinkedIn. ●

**ACD's Choosing Wisely recommendations**

View the full descriptions, supporting resources and evidence [here](#):

1. Do not assume that bilateral redness and swelling of both lower legs is due to infection unless there is clinical evidence of sepsis such as malaise, fever and neutrophilia, plus an expanding area of redness or swelling over a period of hours to days.
2. Do not routinely prescribe antibiotics for inflamed epidermoid cysts (formerly called sebaceous cysts) of the skin.
3. Acute urticaria (i.e. of less than 6 weeks duration) does not routinely require investigation for an underlying cause. Where clinical history and examination suggest the possibility of a bacterial infection or food as a likely trigger, further testing may be warranted. If individual lesions (weals) persist for longer than 24 hours an alternative diagnosis may need to be considered.
4. Do not prescribe topical or systemic anti-fungal medication for patients with thickened, distorted toenails unless mycological confirmation of a dermatophyte infection has been obtained.
5. Monotherapy for acne with either topical or systemic antibiotics should be avoided.
6. Do not recommend that patients take systemic non-sedating antihistamine for itchy rashes, i.e. eczema, psoriasis. Non-sedating antihistamines can be prescribed for urticaria according to the ASCIA guidelines. **NEW**
7. Do not routinely prescribe or recommend topical steroids Class II and above on the face including periorbital areas, or flexural areas of skin (axilla/groin and natal cleft). **NEW**
8. Review your diagnosis and/or treatment/adherence if patient has not responded to adequate prescribed topical steroids after two weeks. **NEW**

## Dermal observations — quick, easy, detailed

Observe



Dermatology scope

**DERMOSCOPE** | DZ-S50

Sharp detail Large diameter lens



Maximum Effective Diameter  
40.5mm (1.6")

Lens magnification 6 times

Easy to use Shape and design

One touch Polarized, non-polarized mode switching

Polarized mode works best for observing pigment distribution beneath the skin's surface, while non-polarized mode is good for observing the condition of the skin's surface.



Polarized mode



Non-polarized mode

Record



Dermatology camera

**DERMOCAMERA** | DZ-D100

Dual purpose Ordinary & close-up photography



Ordinary shot



Close-up shot

Single shutter Polarized, non-polarized, and UV modes



Polarized mode



Non-polarized mode



UV mode

For observing lesions Image management software **D'z IMAGE Viewer**

An application for PC that can manage captured images. You can easily enlarge and convert the image. It can also be used for follow-up of lesions.

Free downloads



You can download it from D'z IMAGE STORE and use it for free.

Guide

Scale display

This function superimposes a scale over a close-up image, immediately showing the size of the affected area.



Artificial Intelligence diagnostic support, now in development by Casio and Shinshu University Japan



DERMOCAMERA and DERMOSCOPE developed by Casio and Chiba University Japan



For further information please contact:



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Jonas Salk an American virologist and medical researcher who developed one of the first successful polio vaccines is quoted as saying: "The reward for work well done, is the opportunity to do more".

# A farewell and welcome within College education

What a wonderfully true quote, and one that can often be seen applied to many areas of our lives. Trainees will no doubt feel this and Fellows who complete their training and then volunteer for more work at College are also aware of it. It is with this quote that I'd like to farewell and welcome.

BRETT O'NEILL, DIRECTOR EDUCATION SERVICES

Firstly, a farewell. Dr Adriene Lee has completed her time as College Dean of Education. Adriene has done a fantastic job of steering the education direction of the College through the murky waters of COVID-19, including a curriculum review, the growth and challenges of GP education as well as the many challenges faced through the AMC process. Her ability to understand the situation and remain calm and sagacious in all situations has enabled the College to move forward. Thank you for your efforts as Dean and no doubt the opportunity to do more as President-elect is a true reflection of the great work you have done and commitment to the College and profession.

Secondly, a welcome. Dr Catherine Drummond enters the role of Dean of Education after having completed a stint as State Examiner and then National Examinations

Committee Chair (amongst other College activities). Her efforts in ensuring that the Fellowship Exams ran successfully in 2020, while maintaining rigour of assessment and process, highlights her ability to work with many moving parts and see beyond the immediate. We are excited to have Catherine as Dean and look forward to the ideas she will bring to the table. A more detailed Bio is included in this edition of *The Mole*.

Thank you also to the many chairs who comprise the Academic Standards Committee and ensure training and education continues. These include: Dr Brad Jones (NTC), Dr Daniel Hewitt (NExC), Dr Karyn Lun (NACC), Professor Kiarash Khosrotehrani (ARC) and Dr Anes Yang (RTC). Thank you also to the DOTs, SOTs and Supervisors who provide much of their time in education to ensure the Training Program continues to run

successfully.

## TRAINING PROGRAM SELECTION

The selection process is underway with College receiving over 100 applications for 2022 entry. The CV rubric has again undergone changes and this year we will be introducing Multiple Mini Interviews (MMIs) as part of the selection process during the interview weekend. MMIs are well researched and provide an opportunity to delve more deeply into areas that the Selection Committee deem appropriate for incoming trainees.

## TRAINING PROGRAM CURRICULUM REVIEW

The Curriculum review is complete and will be progressing through the ASC and Board for review and approval.

This review, led by Dr Cate Scarff and supported by College's Wellbeing and Engagement Officer

Ashleigh Thomas, has included many dermatologists who have given their time to review and update the content as task force members or otherwise. Many thanks to our Fellows Dr Adriene Lee, Dr Russell Hills, Dr Genevieve Sadler, Dr Matheen Mohamed, Dr Rowland Noakes, Dr Lisa Byrom, Dr Elizabeth Christou, Dr Anita Lasocki, Dr Sara Tritton, Dr Karyn Lun, Dr Dana Slape, Dr Anousha Yazdabadi, Dr Catherine Drummond, Dr Brad Jones, Dr Francis Lai, A/Prof Gill Marshman, A/Prof Erin McMeniman, Prof Gayle Fischer, and Prof Kiarash Khosrotehrani. Thank you also to Prof Wendy Hu as a member of the ASC for her input.

Opinions on both the current curriculum and the future training needs of dermatologists were sought from a wide range of stakeholders. These included external groups such as medical education providers, other medical specialist colleges and medical schools as well as departments of health and community, consumer groups, including patient support groups, in addition to the Trainee Representatives Committee, Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Affairs Committee. 74 responses were received.

While the task force will continue to maintain the curriculum, work will also take place this year with the relevant committees to review assessment and progress through the training program. Please contact Dr Cate Scarff at [cate@dermcoll.edu.au](mailto:cate@dermcoll.edu.au) if you are interested in being involved.

### TRAINING PROGRAM FELLOWSHIP EXAMS

Earlier this year a decision was made to again run the Vivas using a State based model. Given the ongoing risk of outbreaks and border closure, the NExC believes this is the best approach. Even though the 2020 exams were highly successful, College will put into place learnings from 2020 and look to further improve the examination process in 2021.

The Written Examinations will take place on 22 and 23 of June. This year candidates were given the option to type or write their essays. A large majority chose to type, and College will be using a secure exam browser to enable this to occur. Vivas will occur on 14 August and 28/29 of August. These will again be State based.

### GP TRAINING

College has successfully launched a Dermatology for General Practice certificate in 2021. This complements the Skin Cancer Medicine for General Practice certificate. These certificates are being well received by General Practitioners as they provide relevant education material and assist in the referral process to dermatologists. The task force, chaired by Dr Margit Polcz has done a great job in managing this content. College is exploring ways to promote and market these courses using various methods.

If you have any education questions or wish to be involved with education activities, you can contact me at [brett@dermcoll.edu.au](mailto:brett@dermcoll.edu.au) or 02 8741 4199. I would love to hear from you. ●

### OTHER MATTERS

**AMC accreditation:** College will undergo its 4-year AMC review this year. Proposed dates are 28-30 September. More on this in later editions.

**Mental Health First Aid (MHFA) course:** Both College Wellbeing and Engagement Officers Ashleigh Thomas and Caterina De Meneghi have recently completed the MHFA course and are now certified to deliver the course. The Mental Health First Aid is a global innovative program that has been recognised with a number of Australian and international awards, including the THeMHS Medal. We intend to deliver the course to interested Fellows. Please contact Ashleigh or Caterina via College to find out more.

**STP projects:** College has received approval for three STP funded projects. These include: Supervisor Training, Improving Dermatology Recruitment and Succession in Regional Areas and Aboriginal and Torres Strait Islander Induction and Support Program.

**Training room:** College now has a large training room for tutorials and education sessions. We are still finalising the IT set up, but if you are interested in using the room, please let us know.

## Are you interested in mentoring Post-Training Candidates and/or International Medical Graduates?

College is seeking prospective mentors for a new program to support Post Training Candidates and/or International Medical Graduates. If you have been practising as a dermatologist for at least 2 years and have an interest in providing guidance and support to either of these groups, we want to hear from you!

Please express your interest by using the QR code to access the contact form. You will then receive an information pack about the program.





## Introducing new Dean of Education – Dr Catherine Drummond

College is pleased to welcome Dr Catherine Drummond to the role of Dean of Education. Dr Drummond has been heavily involved with College since starting as NSW Faculty Secretary in 2007, a role she held until 2009. She served as the Supervisor of Training at Canberra Hospital from 2012-2014 and has represented College on a number of committees, most recently holding the position of Chief Examiner and Chair of the National Examination Committee from 2018 – 2020.

Dr Drummond brings a wealth of clinical experience to the role. She runs a solo private practice in Canberra, with an outreach clinic on the NSW South Coast at Moruya. With a special interest in paediatric and vulval dermatology, Dr Drummond is part of the Vulval clinic at The Skin Hospital Darlinghurst, a VMO at Canberra Hospital with clinics in paediatric and vulval dermatology, and runs clinics at Winnunga Nimmitiyah Aboriginal Health Service and Companion House (refugee health). She is also a Clinical Senior Lecturer at the Australian National University.

Whatever spare time she has left is filled with gardening and playing golf in Canberra, exploring the bush and beach at Guerilla Bay, supplemented with episodes of inner city urban culture in Surry Hills.

Taking on the role of Dean in the wake of disruptions brought about by the COVID-19 pandemic means that Dr Drummond has her sights set on learning from what the pandemic has taught us and the opportunities it has identified for College:

“The move to competency-based assessment and the disruption to traditional methods of delivering examinations caused by the COVID-19 pandemic has given College the opportunity to adapt our training and assessment methods so that they are fit for purpose, and ‘best practice’ for dermatology in the contemporary world. We can achieve this by using rigorous methods

and maintaining the high standards expected by dermatologists themselves, accreditation organisations and the general community”.

Moving to a more collaborative approach is at the heart of Dr Drummond’s plans.

“We should work collaboratively with our trainees, who are our colleagues from the time they are accepted on to the training program. The purpose of the training program is not only to produce competent dermatologists, who are safe for independent practice, but also to produce graduates who have a commitment to ongoing learning, and who want to make a worthwhile contribution to College activities.”

“I am looking forward to the appropriate evolution of the training program and Fellowship Examination so that College continues to graduate high calibre dermatologists who make a worthwhile contribution to our society, and of whom we can all be proud”. ●

# A collaborative approach – The benefits of being involved with the GP education program

College's GP education courses are proving to be incredibly valuable not only for the GPs who participate, but also for Fellows who teach them. FACD Dr Jim Muir has been involved with GP education since its inception and answers some questions on his experiences:

## 1. What have you enjoyed most about teaching the GP Courses?

The participants are very engaged, interested in the topics and ask lots of great questions. At our face-to-face workshops they come ready to learn making it a rewarding experience to teach. The online interaction also provides invaluable opportunities for GPs to ask questions of us directly and learn practical skills to benefit dermatologists, doctors, and their patients.

Our GPs advise us that what sets us apart is the practical advice offered in our courses and the opportunity to get a dermatologists' perspective. From our students' feedback other courses rely heavily on textbooks and guidelines whereas we can offer the opportunity to discuss the variations that are seen in day-to-day practice.

## 2. What benefits do you see for the dermatologists teaching the courses?

There are three major benefits to teaching our courses:

- From a practice point of view, we often get improved referrals from participants.
- From a professional point of view, participants ring to ask advice which is rewarding. They also regularly change their practices following our courses as the approaches taught are both flexible and easy to incorporate.
- Teaching these courses helps cement our standing as specialists in the field. Dermatologists are the experts and if we do not continue to teach our colleagues, long term this could contribute to losing our standing as the authority in skin health across Australia.

## 3. Do you see this as a way of becoming more involved in College activities?

I recommend everyone with an interest in teaching becomes involved. This is an easy and rewarding way to help and it is not very time-consuming. Many hands make light work and the more dermatologists we have involved in GP education the better as everyone brings a

different perspective and this leads to a better outcome for the patient.

There are various levels of involvement, from running workshops or online activities, preparing cases, marking, holding live webinars or even having GPs sit in with you during some consults. Personally, I really enjoy having the GPs sit in as the patients like it, the GP gets to share the experience and it tests my knowledge and skills. It is also great PR for both you and your practice.

## 4. Do you see this as a way of becoming more involved in the broader community?

It is an important way of supporting the broader community. By providing educational opportunities and educational experiences in suburban and rural areas, we can offer readily accessible, high level education that participants can utilise straight away. As we offer online practical workshops and tutorials, we can provide training to those in rural practice without the GP having to leave the community.

## 5. Has teaching the courses lead to further involvement with the College?

I have always been involved but if you have not, it is a fantastic way to see how College operates. College abounds with many opportunities and GP education offers an easy way to work with colleagues from interstate and develop relationships further afield. College staff handle all the logistics and administrative support so all I have to focus on is the actual teaching.

## 6. How do you think the GP's have responded to the courses?

When we first started discussing these programs a decade ago, there was a perception that once GPs had done the course, they would be labelling themselves as dermatologists. This simply has not happened. What has happened is that relationships between dermatologists and GPs have become more collaborative and this has led to better outcomes for patients. ●

# From the Faculties

## NSW Faculty

I am privileged to be the new NSW Faculty Chair, taking over the role from Dr Keng Cheng in March 2021. I can only hope that, to some small extent, I will be able to fill the legacy he has left behind, working tirelessly for our Faculty for the past two years with great generosity of spirit. His wise counsel and leadership will be sorely missed. Dr Sophie Bakis-Petsoglou has also stepped down as Faculty Treasurer

following several years of generous service. Thank you, Sophie. We will announce the new Treasurer shortly. Finally, we welcome Dr Catherine McKay to the position of 1st/2nd Year Director of Training. Catherine has always had a keen interest in teaching and a passion for mentoring. Our registrars will be well guided by Catherine, along with Andrea Tomizawa (3rd/4th year DoT) and Nick Stewart (Chief DoT).

Indeed, in NSW, we have a rich pool of talent in our current cohort of registrars. This year, we have

35 trainees. These registrars are trained so wonderfully by all our NSW Fellows and we thank you for your ongoing generosity in teaching, sharing and inspiring.

Even though we truly are "The Lucky Country", recent COVID-19 related events show us that we need to remain vigilant. Our thoughts go out to our overseas colleagues and their families in this unprecedented time.

**Dr Li-Chuen Wong  
Chair, NSW Faculty**

## VIC Faculty

Here in Victoria we are enjoying a beautiful Autumn with lovely sunny days but it is getting cooler as the days shorten.

Our new registrars have settled in well and are proving to be a very diligent and motivated group.

Our 4th years are working hard preparing for their exams. We wish Dr Lauren Anderson, Dr Edmund Wee, Dr Michaela Zallmann, Dr Minhee Kim, Dr Sara De Menezes, Dr Toy Tancharoen, Dr Claire Higgins, Dr Helena Lolatgis, Dr Harini Raigopal Bala and Dr Ane Beatriz Niwa well.

We welcome Caterina De Meneghi who is the College Wellbeing and

Engagement Officer for Victoria, SA and WA. We encourage our registrars to engage with her and make use of her advice and support.

In Victoria there is an increasing need for specialist services in regional and rural centers. I attended the 'Opportunities for Specialist Training in Rural and Regional communities' meeting on 15 May. Although we do not have any full time regionally based training positions, our College recognises the need of regional Victoria. We have had a rural outreach program in place for over fifteen years thanks to the tireless efforts of Dr Desmond Gan who not only participates in the program but runs the gauntlet of RWAV to secure government approval and funding.

Now that COVID-19 restrictions have been lifted, our dermatologists and registrars are again conducting regular clinics in Portland, Warnambool, Horsham, Sale, Bright and Burnie in Tasmania.

Finally I would like to congratulate AV Prof Greg Goodman, the ASCD and ASAPS, for putting together a very successful Global Anatomy Conference which was held at the Crown Convention Centre 2 May.

Although there was a large cohort of virtual attendees, those who attended in person were able to enjoy the conference and the pleasure of catching up with medical colleagues face to face.

**Dr Jill Cargnello  
Chair, VIC Faculty**

## QLD Faculty

Earlier this year, the Queensland Faculty held our first Virtual Clinical Meeting. Many thanks to the Mater Hospital for selecting excellent cases, and for South East Dermatology for hosting. As a result of the positive feedback received, we will now look to carry this format forward for our future hospital meetings.

Following the meeting, we met for our annual faculty dinner, where we received and congratulated seven

new Fellows – Dr Sarath Bodapati, Dr Shikha Chugh, Dr Jesse Johnston, Dr Natalie Ling, Dr Casey Rowe, Dr Eshini Perera and Dr Lucy Pitney. Many thanks to Dr Nerilee Wall and Dr Lauren Buchanan for organising the evening which also served to farewell Dr Neville Collins, who retired in 2020. We thank Neville for his tireless work in Cairns over many years.

Our recent meetings with Queensland Health produced positive results, with new funding received for a registrar to join Dr Aaron Boyce in Townsville. A huge boost and a big

step towards the ongoing growth of dermatology outside South East Queensland.

Sadly, earlier this year we lost Dr Leo Kelly, a longstanding member of college and the Queensland faculty. His obituary is included in this edition of *The Mole*.

Lastly, I would like to thank all Queensland Fellows who have generously given their time to the faculty and College over the last 12 months.

**Dr Dougal Coates  
Chair, QLD Faculty**

## WA Faculty

The Western Australian Faculty enjoyed getting together to watch the virtual ASM at the QT Hotel in Perth. Approximately 20 Fellows and registrars gathered together over the weekend to enjoy the interesting and thought provoking sessions. We were glad to have this opportunity to get together as best we could whilst missing our interstate colleagues of course!

The AMA WA is hosting an

inter-college conference from the 18 - 20 June at the Perth Convention and Exhibition Centre. All of the specialty colleges in WA are involved in the conference and we look forward to plenary sessions such as 'Leadership Gifts in a Crisis' and 'Climate change, health and sustainability in WA-linking science to action'. We will also be hosting our own stream of lectures open to all colleges to attend. Dr Prasad Kumarasinghe and Dr Rachael Foster have been integral in developing this program.

We look forward to sharing the 'WA Experience with Hedgehog Pathway Inhibitors for Locally Advanced and Metastatic BCC' and the 'Dermatological Aspects of Tick Borne Disease in WA' amongst other exciting presentations.

We wish our final year registrars Dr Justin Bui, Dr Sarah Strathie Page and Dr Andrew Swarbrick all the best as they sit their Fellowship exams soon.

**Dr Austen Anderson  
Chair, WA Faculty**

## SA Faculty

Having cancelled most of the SA Faculty clinical meetings in 2020 it was exciting to kick off 2021 with a meeting at last.

The Royal Adelaide Hospital Meeting originally scheduled for November but derailed by a sudden COVID-19 lockdown was held in January via Zoom - a first for our meetings. The meeting went well thanks largely to the technical competence of our registrars.

A/Prof Gill Marshman ran a successful one day hidradenitis suppurativa meeting on 4 March, which was a hybrid meeting of face to face and Zoom.

We plan to hold face to face meetings for the rest of this year, COVID-19 restrictions permitting.

Welcome to a large cohort of new trainees for 2021, Dr Clare Allison, Dr Holly Sexton and Dr Karolina Kerkemeyer at Flinders Medical Centre, Dr Millie Osti at the Royal Adelaide Hospital and Dr Lauren Thomas at the Royal Darwin Hospital. Dr Joyce Ma is our solitary final year trainee this year and will hopefully get plenty of attention and encouragement.

We also welcome Dr David Burdon-Jones back to the state in which he trained after many years in the UK and Queensland.

The highlight of the year so far has been the long postponed 2020/21 Annual Scientific Meeting organised and re-organised by Dr Emma Ryan and Dr Sally Ball. My assessment is that the first ever virtual College Meeting was a great success and will change the way our meetings

are organised and delivered forever. I would like to express my thanks to Emma and Sally as well as all the local Fellows who organised, presented or chaired sessions.

As there was no ASM social event and our faculty dinner was cancelled in 2020, we plan to hold one in June 2021. We will use this opportunity to belatedly honour Dr Marshall Hanna who retired last year and to congratulate last year's new Fellows.

Lastly I would like to thank Dr Romuald Czechowicz, Faculty Chair for the last 2 years who did a brilliant job particularly during the turmoil of the pandemic.

Here's to a better year in 2021.

**Dr Jeff Wayte  
Chair, SA Faculty**

The highlight of the year so far has been the long postponed 2020/21 Annual Scientific Meeting organised and re-organised by Dr Emma Ryan and Dr Sally Ball.



Dr Emma Ryan



Dr Sally Ball

# Important changes in continuing professional development



Proactively preparing for next steps in Clinical Audit (measuring outcomes and reviewing performance) and Peer Review.

As part of our 2021 Virtual ASM the unassuming title given to an interactive session on 'Clinical Audit (Category 2 CPD) & revisiting the ACHS Clinical Indicator Program' highlighted that important changes are occurring in continuing professional development (CPD).

DR JOHN SULLIVAN

With these impending changes, it is time that our College and all dermatology Fellows need to proactively prepare. I would like to thank all those involved in the session, including A/Prof Chris Baker who co-chaired the session and kept us on point.

During the session Dr Adriene Lee outlined the Medical Board of Australia's Professional Performance Framework and its requirements. This includes:

- Strengthened CPD requirements
- Active assurance of safe practice (peer review)
- Strengthen assessment of management of practitioners with complaints
- Guidance to support practitioners
- Collaborations to foster a positive culture

This represents a big shift in our CPD requirements. In your minimum CPD (50) hours each year you will need to include:

- 25% education (such as conferences, courses and online learning)
- 25% performance review
- 25% outcome measures
- 25% any of these (ie. increasing the total percentage of the category to 50% or spread out over the different categories)

Although our current CPD includes performance review and outcome measures, when it refers to practice-based reflective elements such as clinical audit, peer-review or performance appraisal these will need to evolve to be both easier to fulfill plus to reflect the greater requirements that are coming.

Our College, as our CPD home will be central to supporting Fellows in this transition. College sets requirements for CPD, however these need to be designed to meet Medical Board requirements. Peer-based CPD along with peer review was also flagged particularly for professionally isolated and ageing practitioners.

The session discussed these changes and explored how we can make reviewing performance and measuring outcomes clinically useful and easy to comply with, while maintaining engagement along with a collegiate and supportive approach.

Our Mohs colleagues were commended as they have already done much to ensure they are ready to comply with the coming CPD and peer review changes. They have incorporated many benchmarks of quality in their requirements for the ACD approved Mohs specialists register including reviewing their caseload data regularly and its presentation each year.

Dr Paul Jarrett detailed how New Zealand dermatologists have already incorporated similar changes in their CPD program to fulfil the requirements of the Medical Council of New Zealand. Our New Zealand colleagues embraced these changes several years ago and have continued to refine their CPD program. Dr Jarrett who is the immediate past president of the NZDSI and past chair of their CPD committee detailed how they have done this successfully in a kind and collegiate way. There is much we can learn from across the Tasman as we implement similar changes in our CPD program. This includes the attitude that this cannot be avoided and should be embraced.

Our Mohs colleagues were commended as they have already done much to ensure they are ready to comply with the coming CPD and peer review changes.

## The NZDSI emphasised key aspects that helped make their program accepted and successful to members.

- Dermatologist led/designed and administered (at a high level with CPD Committee oversight)
- Fulfils requirements of governance bodies
- Is reasonable, reflects good practice, is incorporated into routine clinical practice and is minimally intrusive
- Needs administration for maintenance, recording and regular audit of members activities
- Flexible structure as change is inevitable

For those not following the NZDSI program they defined simple red lines, provided an initially supportive approach to those failing but emphasised that it needs teeth for those consistently not achieving CPD goals.

The NZDSI national clinical audit, peer review and practice visit were detailed as these are most relevant to the changes we need to implement in our own CPD program.

Their National Clinical Audit has been run annually and is mandatory. The subject chosen by the CPD Committee are ones that cross all subspecialties. An audit standard is identified and there are two components to their national clinical audit for members, an online questionnaire and data entry (e.g. 10 sequential patients from your practice). Attendance at the NZDSI annual meeting for audit feedback is compulsory (or an online questionnaire based on the NZDSI presentation). The audit feedback is for members only closed room session.

For the consultation review, this is mandatory every 5 years and involves a peer sitting with you during a clinic. Patient numbers are reduced to allow for the extra time involved. Although many initially found the idea confronting most found the experience rewarding and included useful case discussions and the sharing of ideas and experience.



It is time that we move forward and pre-empt the changes in our CPD and peer review.

The practice visits (looking at infrastructure) are completed by a dermatologist from out of area or a good colleague. The intent is not to trip up or fault but to point out areas that are good or may need attention according to the standards they adapted. These CPD changes have had medico-legal advantages for their fully compliant members.

A/Prof Foley detailed in our last CPD cycle (2018-2019) that only 16% of Fellows earned points in the risk management (quality assurance) part of our category 2 CPD with similar numbers so far in our current cycle. This is far short of the 25% needed by all Fellows in both performance review and outcome measures that will be required when these changes are implemented.

The Australian Council on Healthcare Standards Clinical Indicator Program provides support and resources to undertake a clinical audit for those working in public (and private) hospitals however this program remains too rigid and involved for private practice dermatology. It is however potentially very valuable to assist dermatology departments negotiate in regard to their support and resource needs. Clinical indicators can be designed as structure indicators such as to

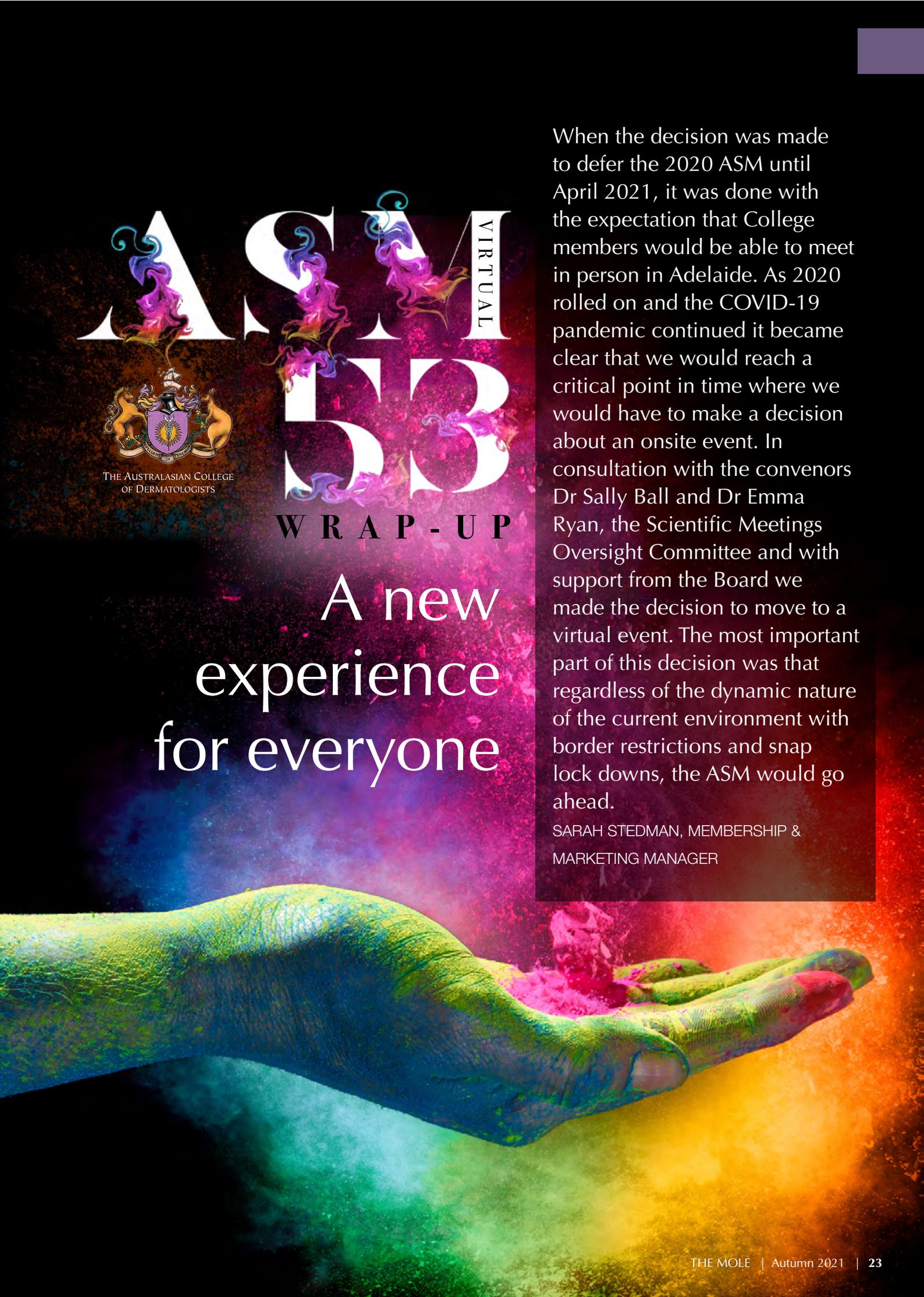
make sure local health districts value and provide appropriate and compliant software and devices for the practice of teledermatology. Although the ACHS Dermatology clinical indicators were discontinued due to lack of participation, these should be re-explored given their value in helping strengthen hospital-based dermatology practice and assisting Fellows meet their CPD requirements. Their methods for developing clinical indicators can also be simplified for our own College led National Clinical Audit.

It was also highlighted by A/Prof Chris Baker that other registries like our Mohs Fellows could be utilised with a few modifications in reporting to assist Fellows meet CPD changes. This includes the Australasian Psoriasis Registry and the Contact Allergy Bank of Australia.

Dr Bert Pruim emphasised the need to ensure any clinical audit data is best held by our College and kept anonymous to protect Fellows. Dr Pruim, along with A/Prof Kurt Gebauer, also emphasised how they have benefitted from visits to dermatologists both in Australia and overseas, where they spent time in their clinics and valued the collegiate nature of their patient and management discussions which resulted in improving their own practice of medicine. They also emphasised that the way New Zealand has implemented their CPD changes is very manageable for those working in private practice.

It is time that we move forward to pre-empt the changes in our CPD and peer review which are coming. We need to ensure this is made reasonable, engaging and clinically useful. These changes provide us with the opportunity to design a program that fosters the collegiate nature of being a member of our College and to do things in a kind, encouraging way. Our CPD Committee is going to need help in this area, along with your patience and understanding as these changes are implemented.

**If you are part of a group already collecting outcome measures we would like to hear from you. College has reached out to the ACHS CIP to explore developing a new dermatology workbook taking into account lessons from the past and being strategic for public dermatology's future. Your constructive ideas, contributions and feedback will be appreciated. Please contact Haley Bennett at [haley@dermcoll.edu.au](mailto:haley@dermcoll.edu.au) to provide any thoughts or feedback. ●**

The background of the entire page is a vibrant, abstract image of a hand holding a glowing, multi-colored orb. The hand is rendered in shades of green, blue, and yellow, with a textured, almost crystalline appearance. The orb is a mix of purple, pink, and blue, with a bright white center. The overall effect is ethereal and futuristic. The text 'ASM VIRTUAL' is written in large, white, serif capital letters, with 'VIRTUAL' written vertically on the right side of the 'M'. Below this, '2020' is written in a similar font, and 'WRAP-UP' is written in a smaller, white, sans-serif font. The Australasian College of Dermatologists logo is positioned to the left of the '2020' text.

# ASM VIRTUAL 2020 WRAP-UP



A new  
experience  
for everyone

When the decision was made to defer the 2020 ASM until April 2021, it was done with the expectation that College members would be able to meet in person in Adelaide. As 2020 rolled on and the COVID-19 pandemic continued it became clear that we would reach a critical point in time where we would have to make a decision about an onsite event. In consultation with the convenors Dr Sally Ball and Dr Emma Ryan, the Scientific Meetings Oversight Committee and with support from the Board we made the decision to move to a virtual event. The most important part of this decision was that regardless of the dynamic nature of the current environment with border restrictions and snap lock downs, the ASM would go ahead.

SARAH STEDMAN, MEMBERSHIP &  
MARKETING MANAGER

**GOING VIRTUAL – WHAT NEXT, WHO AND HOW?**

With a clear vision and mandate, College progressed plans with our Professional Conference Organiser, The Association Specialists, and our digital partner Delegate Connect to reimagine the program and broader conference format within a new digital landscape.

As you can imagine, it threw up many challenges and some exciting opportunities. Our immediate thoughts were with our presenters and chairs – seasoned professionals who are very comfortable in a plenary space. Moving to a virtual delivery was a big change and we needed to support them through this adjustment. Listening to their concerns, ideas and experience with other virtual events, helped to shape their preparation.

Our industry supporters were very quick to show their continued support for College and Fellows by committing to financial backing and a presence on the platform. With constructive discussions to flesh out what opportunities might look like; a revised offering quickly came together.



As you can imagine, it threw up many challenges and some exciting opportunities.

# THE ART OF DERMATOLOGY

53<sup>RD</sup> ACD ANNUAL SCIENTIFIC MEETING FRIDAY 9 TO SUNDAY 11 APRIL 2021



Host – Kim Skubris

**LIGHTS, CAMERA, ACTION!**

One thing we quickly came to realise, is that delivering a virtual conference, is for the most part, a broadcast production – pre-recording, runsheets, hosts and rehearsals. With some sage advice from some of the other specialty colleges we made a decision to bring on our host, Kim Skubris. Kim worked with the Royal Australian College of General Practitioners (RACGP) on a similar event and had also worked with our platform providers, Delegate Connect. Kim brought her broadcast experience, humour, professionalism and passion for delivering quality content to support our presenters and chairs. She worked with them closely both in the lead up with tips, tricks and Zoom meetings, as well as live throughout the 3 day delivery of the ASM talking with chairs and presenters as they prepared for their live sessions.

We made a decision to pre-record a large proportion of the program. This meant presenters had the opportunity to prepare and rehearse for their sessions, leaving them to focus on live Q&A forums during the broadcast.

# PROGRAM HIGHLIGHTS

## AI IN DERMATOLOGY: COMING OF AGE

This was a highly thought provoking session chaired by Prof H Peter Soyer and an impressive line-up of presenters including international guest speaker Dr Veronica Rotemberg. According to a recent survey, the vast majority of dermatologists believe AI will have a noticeable impact on the specialty within the next decade. This session started the conversation and posed the question “So, what does the future look like?” AI will remain near the top of the College agenda now and in the future, with this session providing a fantastic forum for members join the discussion.

## ALL ABOUT ACNE

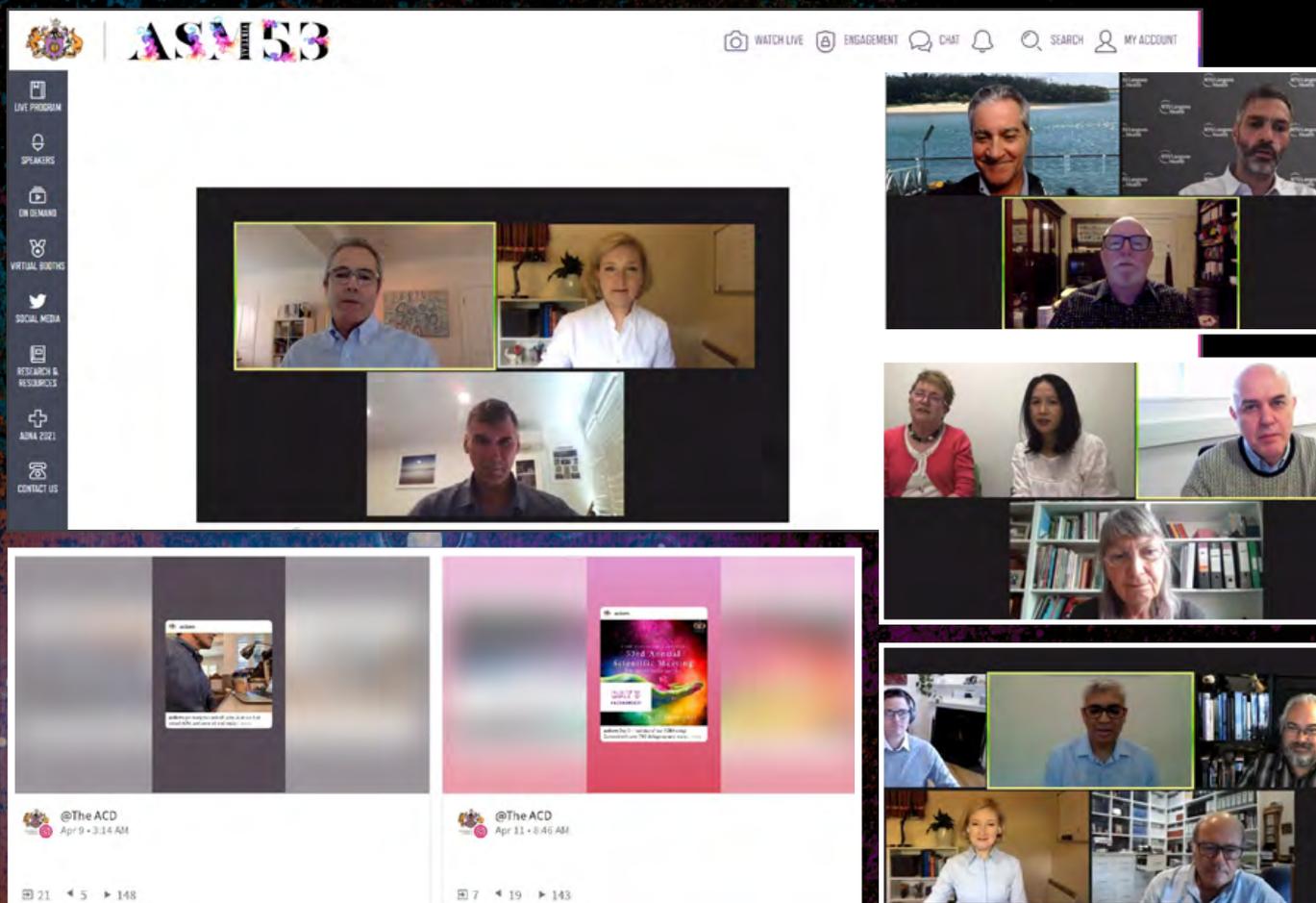
Having a skin condition such as acne in today’s image dominated social media landscape can have an effect on patients’ lives well beyond the physical discomfort. This is why acne, its impact, and new treatments were discussed in this engaging session. Chaired by Dr Jo-Ann See with a panel of experts presenting on important topics including a focus on the patient’s

perspective and the impact of acne on interpersonal relationships and social media use.

## KEYNOTE LECTURES FROM ACROSS THE GLOBE

College was thrilled our international keynote speakers were able to join us throughout the ASM. The first day saw Prof John McGrath and Prof Celia Moss participate from the United Kingdom. Delegates were able to interact with them via live Q&A sessions. Prof Moss also treated trainees to an interactive genetics quiz which was very well attended.

Prof Neil Shear and A/Prof Ruth Ann Vleugels joined us on day two. Prof Shear shared his reflections on 35 years in practice, a fascinating insight into a dynamic and rewarding career in dermatology. A/Prof Vleugels presented on “Cutaneous Dermatomyositis: Mastering Diagnosis and Management” providing an in depth review of various case presentations, sharing her thoughts on the challenges and learning opportunities throughout the diagnostic process.



The sessions on Clinical Peer Reviews, GP Education and Sustainability were also a highlight and these topics are discussed elsewhere in this issue of *The Mole*.

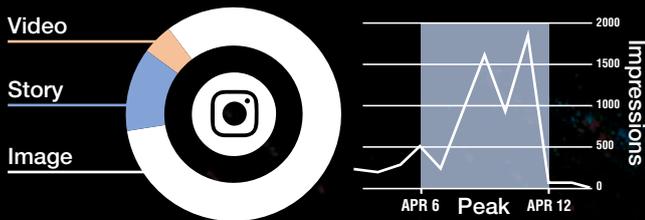
**STATS AND FACTS – THE NUMBER CRUNCH**

The promotion period was 22 March – 12 April with the most number of posts done in the last 7 days in the lead up to the ASM.

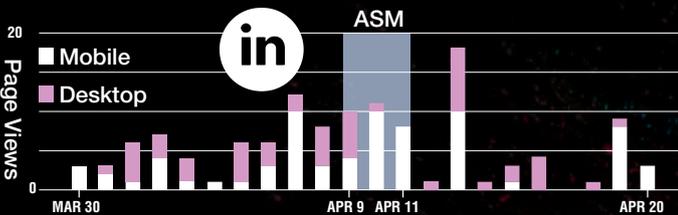


- Instagram, LinkedIn and Twitter were used as the primary ASM promotion channels

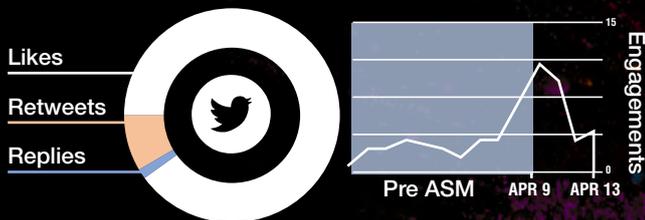
**Instagram impressions**



**LinkedIn page views**

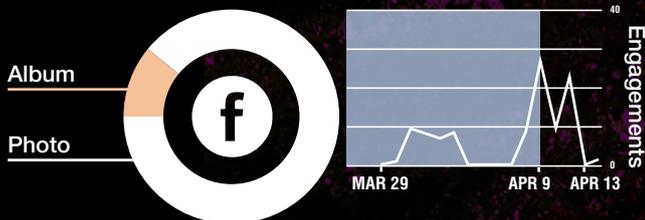


**Twitter engagement**



- Countdown posts and posts related to Patient Support Groups/Community were advertised on Facebook

**Facebook engagement**



**THE DELEGATE EXPERIENCE**

College remained committed to ensuring Fellows and trainees found the ASM experience interactive, exciting, inclusive and a valuable learning experience. Creating an online delivery meant it was accessible to some who may not have been able to attend an onsite event. We have received some initial feedback from delegates, chairs, presenters and industry supporters and we welcome any further feedback.

One advantage of the virtual event is the opportunity to provide delegates with access to the content beyond the live delivery. This creates an extended learning experience for everyone, much more than at a face-to-face event where you may have to choose between one session or another. We think this is an important advantage and we will investigate this option for future events, both face-to-face and online.

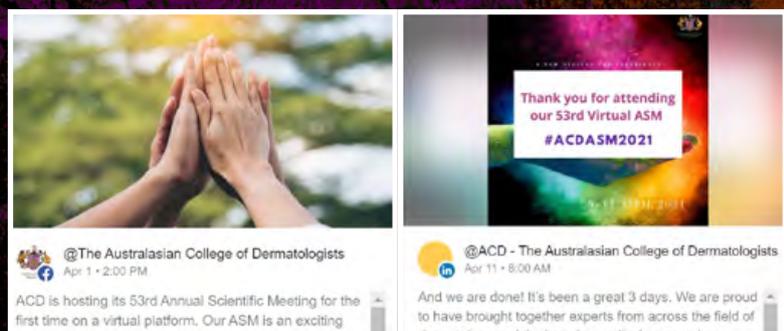
See below some highlights from our delegates on social media.

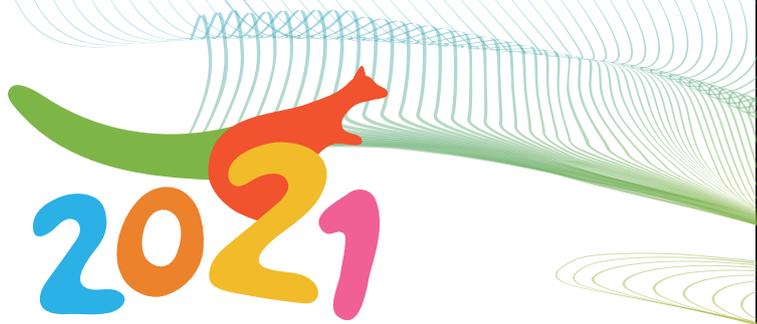


**THE FUTURE LOOKS BRIGHT**

We are excited by the opportunities that delivering a virtual event has afforded us. As we look towards Adelaide for the 2022 ASM, we see many opportunities to adopt some of the functionality and engagement tools that a virtual platform offers all event participants. It will be an important balance to strike as we truly understand the importance of in person events for College and its extended community. We look forward to working closely with members to ensure we not only meet but exceed expectation on this front.

College once again extends our sincere thanks to our Convenors Dr Sally Ball and Dr Emma Ryan for their perseverance, patience and vision to see this first virtual ASM materialise.





# INTERNATIONAL CONGRESS OF DERMATOLOGY 2021

A CURATED VIRTUAL  
CONFERENCE EXPERIENCE

10-13 NOVEMBER 2021

We are excited to bring Melbourne and Australia to you in this unique rolling dermathon. A chance to learn, to interact with friends and to experience Australia's unique flora and fauna without leaving your home.

We have produced a program which spans from neglected tropical skin diseases all the way to cutting edge new therapies and cosmetic laser and filler treatments. The on-demand program will roll over a 24-hour period and three days, Thursday 11 November - Saturday 13 November 2021, so delegates can view content in their time zone. Over 200 speakers will be presenting, including the Board Members of the International Society of Dermatology, which celebrates its 60th birthday alongside this Congress.

Join us, as world experts share their new ideas, new technologies and new treatments. We look forward to meeting you online at the virtual Congress.



**Prof Dedee Murrell**  
President  
ICD 2021



**Prof Rod Sinclair**  
Secretary General  
ICD 2021



**Prof John McGrath**  
Chair, International Scientific  
Committee, ICD 2021

## SPEAKER SNEAK PEAK



**Prof Ncoza Dlova**  
South Africa



**Dr Martin Kassir**  
USA



**Dr Paula Luna**  
Argentina



**Prof Andrew Steer**  
Australia



## SUPER EARLY BIRD SPECIAL

Use promo code **ACDSUPER** to access the Super Early Bird special and save up to \$100 off the Early Bird registration rate!

Register today at  
[www.icd2021.com.au/registration](http://www.icd2021.com.au/registration)

\* Please note, places are limited



## PARTNER CORNER

With the Congress just 6 months away and promotional activities ramping up, it is the perfect time to catapult your brand to the forefront of dermatology research by aligning with us.

To learn more about how you can be featured in this highly prestigious meeting, please contact Elaine Koh, Sponsorship and Exhibition Manager at:

+61 2 9265 0714

@sponsorship@arinex.com.au



Congress Managers: Arinex Pty Ltd

454 Collins St, Melbourne,  
VIC 3000, Australia

+61 3 8888 9500

@icd2021@arinex.com.au

[WWW.ICD2021.COM.AU](http://www.icd2021.com.au)



INTERNATIONAL  
SOCIETY of  
DERMATOLOGY

# Playing our part in environmental sustainability

In Spring 2020, College launched its Responsible Business Practice Policy with a focus on pursuing business practices that are not only ethically, legally and financially responsible but also socially and environmentally responsible. More recently, the Board has approved an Environmental Sustainability Policy.

CAROLINE ZOERS, POLICY MANAGER

This policy sets out the practical, tangible actions that College is taking to reduce our carbon footprint and work towards environmental sustainability. These steps include:



Driving continuous operational improvements in energy efficiency, reducing use of fossil fuels, waste reduction, elimination of single use items and recycling



Reducing the environmental impact of travel



Encouraging use where practicable of suppliers with a focus on renewable energy and a circular economy



Support the Investment Committee in the transition to an Investment Policy consistent with Responsible Business Practice where practical.



Supporting and encouraging environmentally sustainable practices among Fellows, trainees and staff by highlighting opportunities for the exchange of experiences and information through College's communication channels, such as the ASM.

In launching this policy, we invited two ACD Fellows, Dr Fiona Bruce and Dr Belinda Welsh, to share the steps they have taken in their own practices and workplaces to reduce their environmental footprint.



**DR FIONA BRUCE, VIC FACULTY**

As I work in my practice and hospital clinics, I am conscious of the waste and carbon emissions generated through dermatology practice.

I have looked for ways to make changes, particularly with respect to energy use. The energy used to heat and cool the renovated 1950s house which is my solo practice is significant. I put new insulation in the roof, however the building has inadequate wall insulation which I have not been able to address. The frequent opening and closing of doors does not help. I have some double glazed windows and have installed plastic window film on some others to improve their energy performance.

Halogen downlights in the waiting area were very inefficient and have been replaced with LED downlights. The installation of a 5kW solar panel system in 2014, which cost \$7410, has proved to be very worthwhile financially. I have saved about \$1000 per year in electricity costs with this solar panel system. It also makes me feel good to see the panels and know I am generating renewable electricity every day. I still have gas hot water, however soon plan to move to electric hot water. I will then be able to disconnect from gas completely and rely on the electricity generated by my solar panels.

The [Ethical paper website](#) has been very helpful to source paper which is 100% post-consumer recycled, FSC certified and native forest free. Our old growth forests are precious and irreplaceable. Paper and cardboard are recycled in my practice. This is a fortnightly service. I am particular about separating items which are suitable for recycling. I find that staff need ongoing encouragement not to contaminate the recycling stream.

I have tried to minimise medical waste by sorting it carefully from items which do not need to go to medical waste. On contacting the company who disposes of the

medical waste, I was very pleased to find they had a 100kW 50 panel solar array.

When I look at dressing packs, I am conscious of all the single use plastic. Currently we seem to have little option in terms of alternative packs with less plastic. I minimise using them for biopsies. I avoid samples for patients to minimise all those small plastic tubes and packets which will end up in landfill. Hopefully, the patients will try the product for a longer time if they buy a full-sized item!

In the future I would like to see more information on the carbon footprint of the medical supplies I use and the drugs I prescribe. As I recommend non soap washes and emollients I think of the plastic containers and packaging they come in and wish I had a better option to be recommending.

Although I have made these changes in my practice, I know that for our society to move to where we need to be to halt climate change and look after our environment, we need systemic change. Our collective voice to exert pressure on government and the health system as a whole is another way that we can really make a difference.

**DR BELINDA WELSH, VIC FACULTY**

I think medical practice can be very wasteful. I have tried to make a lot of small changes to reduce our environmental footprint.

After renting rooms for many years, I built a new practice from scratch in 2013. This meant I could incorporate energy efficient initiatives into the building. The building itself was designed with a high ceiling along the corridors to let in lots of natural light. We had lots of insulation, double glazed windows and LED panel lights throughout. We installed sensor lights in a number of rooms, energy efficient hand dryers in the toilets (although these are really loud) and dimmer switches to reduce the light brightness in the summer months. Getting the mechanical engineering

for the heating and cooling was a challenge as having lots of rooms meant each one needed its own split system. We make sure these are turned off when rooms are not in use. I considered getting a greywater system and solar hot water but it ended up putting me over budget. I'm sorry I didn't stretch a bit more for that now.

In 2014 I had 37 solar panels installed on the roof with two 5kW inverters. This cost \$14,000 at the time but I think it has been a good investment. Our electricity bill dropped dramatically representing a big ongoing saving – especially with two UVB machines and lasers running. As an example, my electricity bill for September to December 2013 was \$1792 and for the same period in 2017 was \$716.

We recycle cardboard, paper and soft plastics. We have tried hard to reduce our use of dressing packs – especially when doing smaller procedures like shave biopsies. I think these generate a huge amount of plastic waste. We also try to reduce the gowns we use for patients. Not everyone needs to change into a gown for a skin check.

A computerised practice doesn't equate to being paperless without some thought and effort. We try as much as possible to communicate electronically with patients. We try to email them information rather than give them sheets of paper for example regarding procedures, laser treatments, and aftercare which they seem to prefer. We now get consent from patients electronically via an iPad. If I need to give patients

instructions or a management plan (with their consent and a double check of their email address) I will email this to them through our medical software and it can be saved to their history.

Pre-COVID-19 we were all trying to use Keep Cups for our takeaway coffee and we need to get back into that habit now.

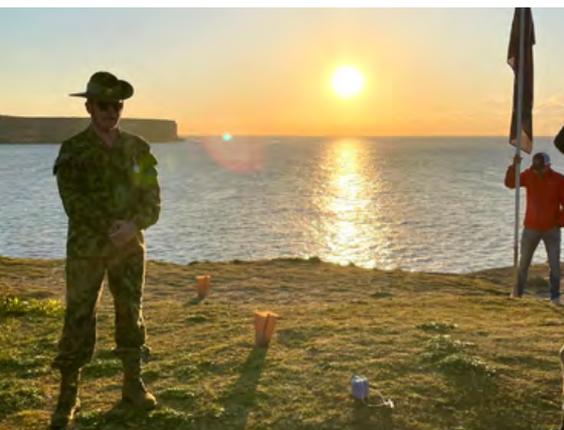
My most recent step has been the purchase of an electric car. I'm no car enthusiast but I got a Tesla

(Model 3) and I completely love it. I installed a charging station at work so I can charge it during the day using the solar panels.

There are so many ways we can try to be less wasteful. It just requires some mindful attention. The challenge is to get everyone in the practice to change their behaviour. We are motivated to keep trying and would encourage everyone to make whatever change they can. ●



Dr Welsh's before and after of the rebuild of her Complete Skin Specialists practice.



## Dermatologists do more

College Fellows support the community in many different ways. In order to showcase the various ways Fellows provide support for different areas of the community, *The Mole* will feature a new series *Dermatologists Do More*. If you have something to share, please contact College.

To kick start the series, we are highlighting Dr Robert Rosen FACD, Consultant Dermatologist and Lieutenant Colonel with the Australian Defence Force, pictured here addressing the Anzac Day Dawn of Dawn Service at South Head in Sydney.

# Obituary



## **Dr Leo Kelly 1926-2021**

DR ROBERT SINCLAIR

Dr Leo James Kelly was born on 6 October 1926 in Gympie, approximately 170 kms north of Brisbane and 70 kms from the coastline. He attended the Christian Brothers College in Gympie where he was Dux in his final year. He then moved to Brisbane where he completed his education at St Joseph's College, Nudgee in 1944.

Dr Kelly graduated as MB.BS University of Queensland in 1950 and went on to complete his DDM in Sydney in 1955, becoming a Foundation Member of College. He had membership in the British Association of Dermatologists (BAD) in 1956 and was a founding member of the Pacific Dermatologic in 1970. Leo was a visiting medical officer in dermatology at the Mater Hospital from 1951-1957 and subsequently moved on to Princess Alexandra Hospital where he established and lead the dermatology unit from 1958-1990. He continued in his role as a lecturer in Dermatology for the University of Queensland during this period. Dr Kelly was also instrumental in establishing registrar training at Greenslopes Hospital, with Dr Jeffrey Chick appointed as its first trainee. Finally, he established the training course for podiatry through the Queensland Institute of Technology and the academic excellence award for dermatology carries his name to this day.

For a large generation of registrars, Dr Kelly was as an astute, kind and patient teacher. He had a gentle manner with patients that would place them immediately at ease. He had a strong and enduring private practice which flourished despite a large time commitment

each week to his public work and educational roles. He continued to practice dermatology until the age of 75 and confided to friends, several years after retirement that 'he loved being a dermatologist.'

Dr Kelly had an avid interest in aeronautics and flew Tiger Moths as a young student to attain his pilot's license. He had an encyclopaedic memory for anything that interested him including politics, photography and opera. His walls would be adorned with romantic seascapes from Tahiti and beyond collected during his travels with family and for conferences with his wife of seven decades, Valerie.

An exceptional man in every aspect of his life, he was a fun loving and devoted husband to Valerie and an ever-patient, gentle and supportive father for his five children, Lisbeth, Gregory, William, Peter and Patricia. He was blessed with 14 grandchildren and seven great grandchildren. Dr Kelly's patients adored him as he would always remember details of their lives, their children, their joys and their troubles. He was 'old school' - medicine was first and foremost a calling and a profession and as a business, important, but less so.

As his friend and colleague, Dr Jeff Chick, said, "Leo was a leader in his chosen profession, a quiet and encouraging confidant and a wonderful human being".

I have been privileged to know Dr Kelly in multiple capacities, as his son-in law, registrar, partner and colleague. He was the finest and kindest of men. He will be sorely missed by his family, friends, colleagues and all who knew him. ●

“Leo was a leader in his chosen profession, a quiet and encouraging confidant and a wonderful human being”

# College Scientific Research Fund in action



Research into pain related to Dystrophic Epidermolysis Bullosa (DEB) gets a boost from College grant.

Members of the research team (socially distanced, from left to right) Blake Smith, Johannes Kern, Ken Pang, Nicholas Veldhuis and Sally Davis.

In 2020 the College Scientific Research Fund was awarded to A/Prof Johannes Kern (The Royal Melbourne Hospital, The University of Melbourne), together with co-applicants A/Prof Ken Pang, Blake Smith (Walter Eliza Hall Institute and Murdoch Children’s Research Institute), Dr Nicholas Veldhuis and Dr Priyank Shenoy (Monash Institute of Pharmaceutical Sciences) for ‘Preclinical validation of effective analgesics for Dystrophic Epidermolysis Bullosa (DEB).’

A/PROF JOHANNES KERN

The Royal Melbourne Hospital runs a dedicated EB clinic with College Fellows Prof George Varigos, Dr Vanessa Morgan, Dr Susan Robertson, and a dedicated EB nurse and is actively involved in clinical trials in EB.

For the current project we are using the first DDEB mouse model which has recently been developed and characterised by Blake Smith in A/Prof Ken Pang’s group, in collaboration with one of the leading EB research groups worldwide – Prof Leena Bruckner-Tuderman, Prof Cristina Has and Dr Alexander Nyström (German EB Centre, University of Freiburg).

DDEB is one of the most common EB subtypes and the new DDEB mouse model closely recapitulates the human phenotype (Fig 1). Part of this work was supported by a previous College Scientific Research Grant.

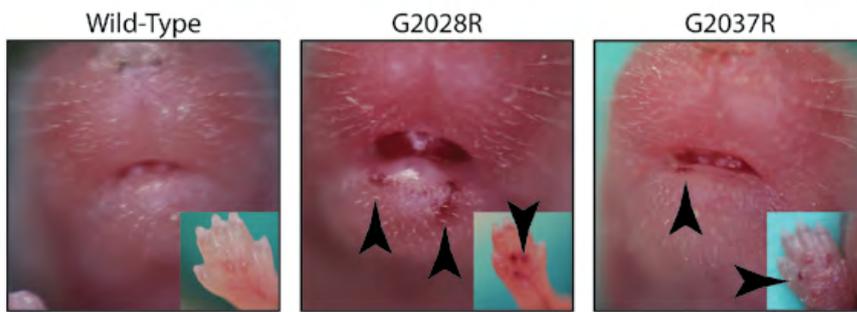
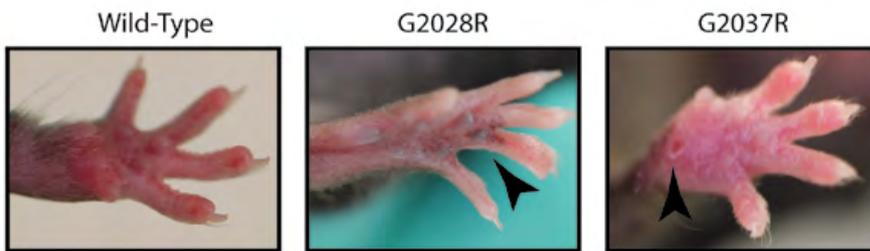
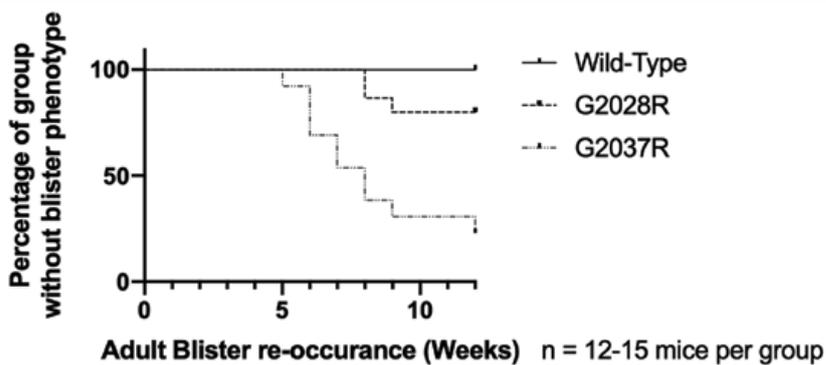
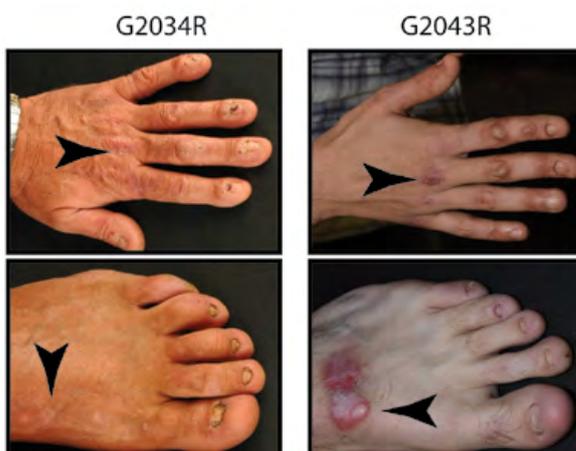
**A****B****C**

Figure 1: Newly created DDEB mouse models carrying the equivalence of the two most common Collagen VII mutations closely resemble DDEB patients and are being used for standardised behavioural pain testing (from Smith et al Dis Model Mech. 2021).

**D****E**

In our DDEB mouse model, using standardised behavioural testing, pain hypersensitivities are evident before the mice show any visible evidence of blistering.

Pain is a major clinical problem in EB. It can be both acute and chronic, and is believed to be multifactorial in origin, likely arising as a result of complex interplay of inflammatory, neuropathic and central nervous system factors. Consistent with this, many different classes of analgesic drugs are used clinically to treat EB-related pain, including non-steroidal anti-inflammatories (NSAIDs), anticonvulsants, antidepressants, anaesthetics and opioids.

Despite use of such drugs – many of which are associated with significant side effects – pain for many EB patients is often poorly controlled. Moreover, given the heterogeneous severity of EB and the ad hoc nature of analgesic prescribing, it remains unclear what the most effective analgesics are in the treatment of EB-related pain.

In our DDEB mouse model, using standardised behavioural testing, pain hypersensitivities are evident before the mice show any visible evidence of blistering. This points to a fundamental disruption of the pain signalling pathways due to the underlying collagen

defect. Notably, this enhanced sensitivity to pain observed in our mice recapitulates previous clinical observations in patients with DEB (von Bischhoffshausen et al., 2017; Brain).

The COVID-19 pandemic has affected laboratory research over the last year, but we are back on track, objectively comparing the effectiveness of existing analgesics commonly used to treat EB-associated pain, and identifying alternative options for treating EB-associated pain by assessing the analgesic effectiveness of drugs currently being used clinically or trialled in other contexts that might a priori be expected to help relieve EB-associated pain (e.g. by reducing inflammation or inhibiting specific neuronal pathways).

We are confident that the results – with support from the College Scientific Research Grant – will lay the basis for broader funding into the mechanisms and to identify targets for treatment of EB related pain, with the goal to translate this into the clinical practice and address one of the major unmet needs of EB patients. ●

**In our DDEB mouse model, using standardised behavioural testing, pain hypersensitivities are evident before the mice show any visible evidence of blistering.**

#### FURTHER READING

**Mouse models for dominant dystrophic epidermolysis bullosa (DDEB) carrying common human point mutations recapitulate the human disease.**

Smith BRC, Nystrom A, Nowell CJ, Hausser I, Gretzmeier C, Robertson SJ, Varigos GA, Has C, Kern JS, Pang KC

Dis Model Mech. 2021 Apr 30;dmm.048082. doi: 10.1242/dmm.048082. Online ahead of print.

**Recessive dystrophic epidermolysis bullosa results in painful small fibre neuropathy.**

Sofia von Bischhoffshausen, Dinka Ivulic, Paola Alvarez, Victor C Schuffeneger, Juan Idiaquez, Constanza Fuentes, Pilar Morande, Ignacia Fuentes, Francis Palisson, David L H Bennett, Margarita Calvo

Brain 2017 May 1;140(5):1238-1251. doi: 10.1093/brain/awx069.



**A/Prof Johannes Kern**

A/Prof Johannes Kern studied medicine at the University of Freiburg, Germany and the University Joseph Fourier, Grenoble, France. In his experimental MD thesis with Prof Leena Bruckner-Tuderman he worked on recessive dystrophic EB. He gained his PhD in Biology from the Spemann Graduate School of Biology and Medicine, University of Freiburg, Germany on 'Genetic skin fragility'. He trained in dermatology at the University of Freiburg – Medical Centre and passed the European board examination in 2012 (FEBDV). He also trained in Dermatopathology with German and European board certification (ICDP-UEMS). After relocating to Australia, he became a fellow of College in 2016 and joined the team at the Royal Melbourne Hospital, where he is currently the Head of Research, as well as an Associate Professor at the University of Melbourne. He is the global lead investigator of the largest EB clinical trial to date, the Amryt Oleogel S10 EASE study, which has finished recruitment and successfully met its primary endpoint.

# The Australasian Journal of Dermatology: a year in review

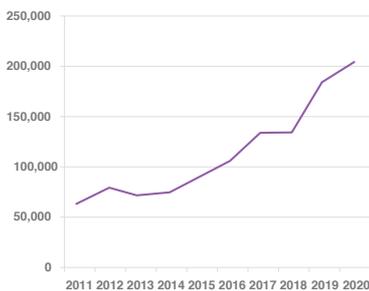
With another year gone by, it is pleasing to see the Australasian Journal of Dermatology (AJD) continue to go from strength to strength throughout 2020.

DR HALEY BENNETT, DEPUTY CEO

The enormous efforts invested by our previous Editors-in-Chief Dr William Ryman and Prof Marius Rademaker have indeed paid off and we are grateful for their dedication to expanding both the impact and the profile of the journal. The new Editors in Chief Prof Kiarash Khosrotehrani and A/Prof Helmut Schaidler have commenced with great enthusiasm and no doubt we will see the journal experience further growth over the coming years.

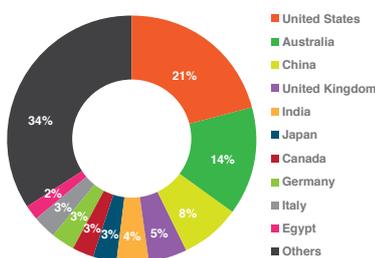
In 2020, the AJD saw a remarkable buoyancy given the global impact on all industries including publishing. The upward trends observed in recent years continued unabated. The Impact Factor increased, now sitting at 1.789. Readership rose by an impressive 13% from 2019, with over 200,000 article downloads for the year. Notably, over 78% of downloads came from outside of Australia and New Zealand, highlighting our truly international audience.

Article downloads trend



Number of full text article downloads, 2011 to 2020

Top 10 downloading countries



Top 10 countries from which articles were downloaded via Wiley Online Library in 2020

## The three most downloaded 2020 (Vol 61) publications

Wang, C et al. COVID-19 and the use of immunomodulatory and biologic agents for severe cutaneous disease: An Australian/New Zealand consensus statement. Accessed 4,107 times in 2020.

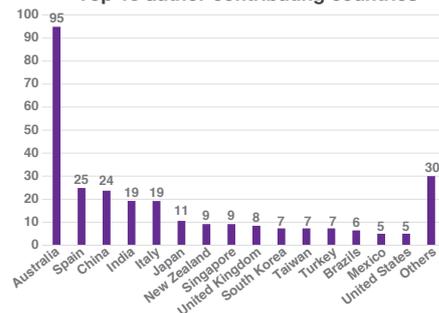
Rademaker, M. et al. Advice regarding COVID-19 and use of immunomodulators, in patients with severe dermatological diseases. Accessed 3,991 times in 2020.

Saunderson, R. et al. Vulvar quality of life index (VQLI). A simple tool to measure quality of life in patients with vulvar disease. Accessed 3,038 times in 2020.

Importantly, the AJD is enjoying its status as a journal of choice for a growing number of authors. New submissions in 2020 saw a whopping 66% increase from 2019, with well over 1,600 papers submitted from countries spanning the globe. Of these, 19% were accepted for publication, down from 24% in 2019 – although the number of published articles rose from 230 in 2019 to 277 in 2020.

Australia remains the country with the highest author contributors, reflecting the local relevance of the AJD, however the journal publishes from an expansive international author base.

Top 15 author contributing countries



Top 15 countries ranked by the number of contributing authors in 2020

## HOW CAN I BE INVOLVED?

The journal is one of College's greatest assets. It is pivotal in ensuring that Australian dermatology research is profiled and recognised on the international stage – and the readership and submission demographics show an ever expanding reach. We are keen to continue this trend.

The Journal is at a crucial growth point and needs more Fellows to be involved behind the scenes. Reviewers and editors are always required. If you are interested in becoming involved or would like further information, please contact the Editors-in-Chief Prof Khosrotehrani and A/Prof Schaidler directly or via College (Haley Bennett at [haley@dermcoll.edu.au](mailto:haley@dermcoll.edu.au)).

# Gaining a clearer IMAGE

Victoria Mar and the IMAGE clinical trial

Melanoma surveillance photography (MSP) can be a powerful tool in improving outcomes for patients – although it is currently prohibitively expensive for many people, as it is not covered by Medicare. A new clinical trial is seeking to gather the valuable information needed to change that.

ASSOCIATE PROFESSOR VICTORIA MAR

One of the most important and effective tools in the battle against melanoma is early detection. Identifying and treating melanomas as early as possible, while they are thinner, is associated with lower risk of them spreading to other parts of the body.

For people with a recent diagnosis of melanoma, particularly those with multiple naevi, there is often a sense of anxiety about detecting the next one early, both in patients and the doctors treating them. In turn, this often leads to a high number of biopsies being carried out on benign lesions, as both parties want to mitigate the risk of cancer spreading due to inaction or further delays. It is not unusual for these high-risk patients to have multiple excisions of suspicious lesions, 'just in case'.

Melanoma surveillance photography (2D or 3D total body photography with tagged dermoscopy) allows future comparison to detect the early changes of melanoma arising in existing moles. There is some evidence that the use of MSP in specialist high-risk clinics improves health outcomes and reduces health system costs by enabling detection of melanoma at an earlier stage, resulting in less extensive treatment and better quality of life, and fewer excisions for suspicious lesions. However, there is a distinct lack of randomised-controlled trial evidence around its benefit and cost-effectiveness. As a result, it is not used routinely during skin examinations as part of 'standard care' and is not reimbursed by Medicare. With each imaging session costing around \$450 (AUD), it is out of reach for many.

## Participants with a recent diagnosis of in-situ or invasive melanoma and multiple naevi can be referred directly to the nearest trial site.

The IMAGE clinical trial aims to provide the high-quality data required by the Medical Services Advisory Committee – the committee advising the Australian Government on the public funding of new medical services – to decide if MSP should be covered by Medicare. This would allow high-risk Australians to undergo surveillance with baseline photography, alleviating their anxiety and, hopefully, reducing unnecessary ‘just in case’ biopsies.

It is really important for people to have access to low-cost interventions that could improve their outcomes. The IMAGE trial will provide level 1 evidence for the use of MSP in high-risk individuals required to enable that.

The trial is looking to recruit 680 participants across nine sites throughout Victoria, Queensland, and New South Wales with three in regional areas. To take part, participants must be within 6 months

of diagnosis of their first primary melanoma, be at high or very high risk of subsequent primary melanomas, and have some or many naevi.

Participants will be randomised to either having MSP or ‘standard’ clinical surveillance without photography.

They will continue surveillance with their usual doctor (dermatologist, GP or surgeon) in the community and/or hospital setting as appropriate. The primary outcome will be number of unnecessary biopsies. Participants in the control group will be offered 3D imaging at the completion of the trial.

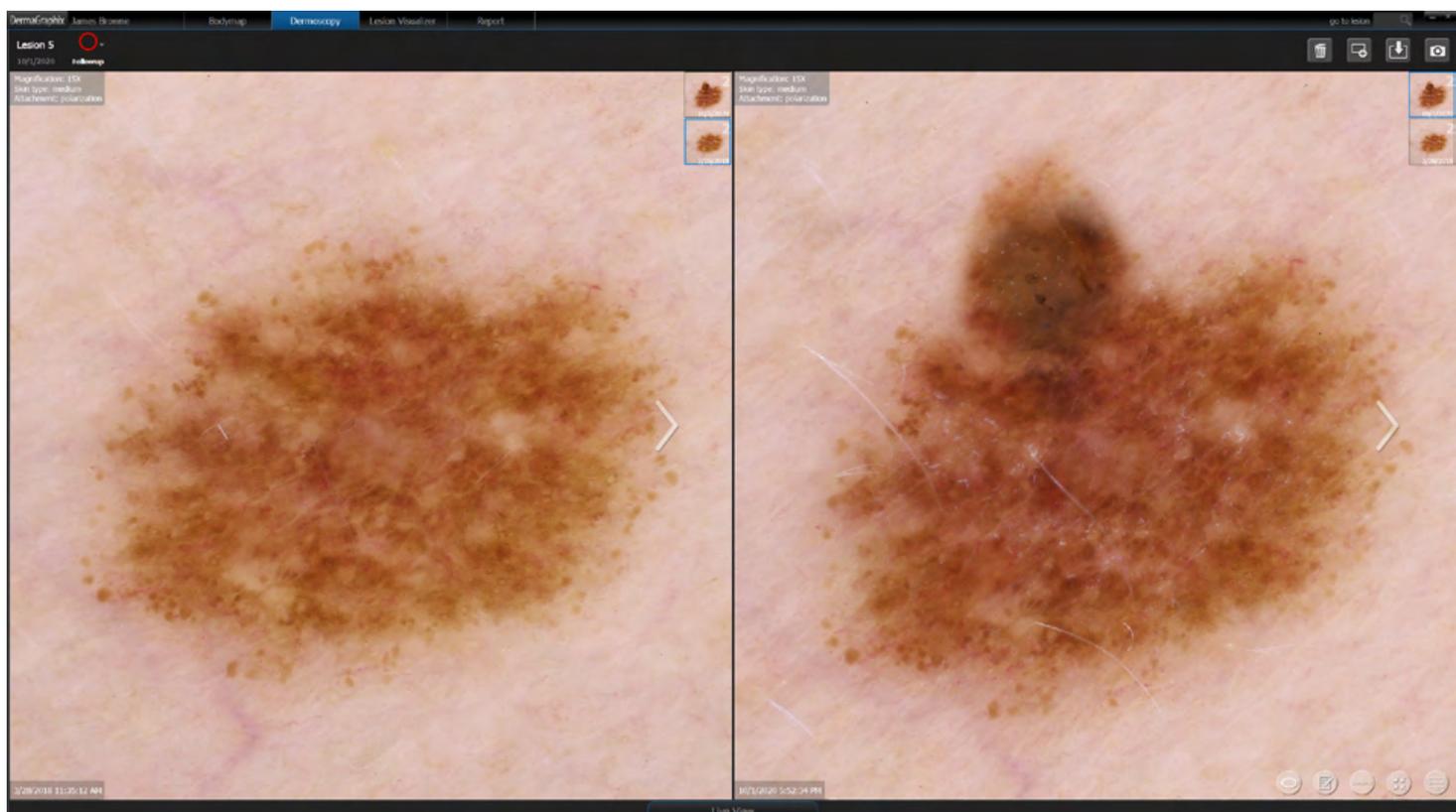
A substudy will look at excision rates and tumor thickness in patients who were under surveillance with MSP prior to diagnosis of their first primary melanoma compared to those who were under surveillance without MSP. Those who have been under surveillance with MSP prior to diagnosis will not be randomised in

the main study, however referral of these individuals is encouraged for this substudy.

Help with recruitment is appreciated. Participants with a recent diagnosis of in-situ or invasive melanoma and multiple naevi can be referred directly to the nearest trial site. Individuals with a recent diagnosis of melanoma will also be notified of the trial via the state cancer registries.

The IMAGE clinical trial is funded under the Medical Research Future Fund's Targeted Health System and Community Organisation Research initiative, sponsored by Monash University, coordinated by Melanoma and Skin Cancer Trials and approved by the Alfred Hospital Ethics Committee.

For more information on IMAGE please visit [www.masc.org.au/recruiting-trials](http://www.masc.org.au/recruiting-trials) or contact [image@masc.org.au](mailto:image@masc.org.au). ●



Compare lesions screen – Image courtesy of Canfield Scientific

# Eczema Association of Australasia Inc. Research Grant available soon

MARIAM ZAHID, ENGAGEMENT OFFICER

We are very pleased to announce that College will be administering a new \$25,000 grant for Fellows and trainees on behalf of Eczema Association of Australasia Inc. (EAA) to undertake research into eczema and atopic dermatitis.

EAA is one of the many patient support groups that College collaborates with to better understand and address the needs of patients with dermatological conditions. Established in 1994, EAA aims to support and educate eczema sufferers and carers, along with the wider community, in all aspects of eczema and its impacts. As well as providing support and education, EAA advocates for improved treatments and for broadening the availability of medical treatments and supplies for eczema sufferers. EAA also maintains links with medical professionals to facilitate the provision of up-to-date information and specialised research into the causes and effects of eczema.

Through our engagement with

EAA over several years, we have discussed ways we can collaborate to extend our mutual impact. With EAA's keen interest in supporting Australian research in eczema and atopic dermatitis, this grant represents an excellent opportunity to partner in encouraging and supporting our Fellows and trainees to advance research in this area.

The EAA Research Grant will provide funding support for clinical, scientific, health services or related research projects in atopic dermatitis/eczema. Through the ACD Grants Review Panel, College will undertake the peer review process to assess applications and be responsible for the awarding and administration of funds.

College will soon begin the advertising process for the grant via the ACD website, the Weekly and social media. Please keep an eye out for more details. You can find out more about the Eczema Association of Australasia Inc. by visiting ACD's patient support groups [webpage](#). ●

College will soon begin the advertising process for the grant via the ACD website, the Weekly and social media. Please keep an eye out for more details.



## Cheryl Talent, EAA President

HALEY BENNETT

I recently had the opportunity to catch up with Cheryl Talent, EAA President, while in Brisbane. Cheryl and EAA have been longstanding collaborators of College and it has been a pleasure to work alongside her for several years. Cheryl has been with the EAA since 1997 and since taking on the role of President in 2007, she has grown the organisation considerably, providing information, advice and advocacy to over 6,500 members. Cheryl is also an Executive Board Director of the International Alliance of Dermatology Patient Organizations (IADPO) - also known as GlobalSkin - and so is taking a lead internationally on behalf of Australian patients.

Cheryl's dedication and commitment in raising awareness about eczema, representing patients and looking for new ways to support them has been truly inspirational. This is EAA's first foray into directly supporting academic and clinical research and we are delighted that they have chosen to partner with us to offer this grant to our Fellows and trainees.

# The Skin Hospital

2021 is well underway and while it is not quite back to 'normal' we have learnt to successfully navigate the COVID-19 environment by altering our processes to reflect a 'business as usual' approach, even with the moving tides of COVID-19 restrictions.



In January we published *The Skin Hospital Clinical Governance Framework*. The framework demonstrates our ongoing commitment to the quality and safety of our patients and outlines the key elements of our clinical governance system. This governance framework includes the clinical practices, the culture of the organisation and the checks and balances in place to ensure that care is of the highest quality.

In April the first *Research Insights Report* was published. Part of our ongoing commitment to expand and promote our research activities, it showcases our truly remarkable Research & Clinical Trials team and the work they are doing to develop the science of dermatology.

## Clinical Services

Clinical Services experienced a busy 6 months; patient visits were high and we continued to operate with COVID-19 safe practices in place to ensure a safe environment for our doctors, staff and patients.

We recently announced the appointment of new Medical Directors for Darlinghurst and Westmead. Dr. Tasman Lipscombe has been appointed at Darlinghurst and Dr Nick Stewart at Westmead. Dr Lipscombe has been an active member of The Skin Hospital community at Darlinghurst for many years and Dr Stewart has been our Deputy Medical Director at Westmead for the last 2 years. Both doctors bring a wealth of knowledge to the role.



Dr Tasman Lipscomb



Dr Nick Stewart

We are also pleased to announce the appointment of two new Mohs Fellows, Dr Vivian Tng and Dr Andrea Tomizawa who are working part time at both Westmead and Darlinghurst facilities.



Dr Vivian Tng



Dr Andrea Tomizawa

### IN-VIVO CONFOCAL MICROSCOPE HAS ARRIVED!

The Skin Hospital is excited to announce the arrival of the Confocal Microscope and the commencement of sub-specialty clinics. The confocal microscope increases the recognition of melanoma at an early stage and can also be used to show depth of basal cell carcinoma and squamous cell carcinoma, reducing the need for biopsies.

This translates into a painless photographic experience for patients while still providing microscopic images for accurate diagnoses.

The Skin Hospital sub-specialty clinic will be led by Dr Rhonda Harvey and Dr Shivam Kapila. Dr Harvey completed her training with Prof Pascal Guitera at MIA and Dr Shivam Kapila is currently undertaking training with Prof Guitera. Clinics commenced with Dr Harvey at Darlinghurst in May.

The clinics provide greater access for patients and reduce the waiting times experienced when accessing confocal microscopy examination.

**Psoriasis and Hidradenitis Suppurativa**  
A primary care perspective  
Dr. Margit Polcz  
MBBS, MMed (Skin cancer), FRACGP, FACD  
Dermatologist

Dr Margit Polcz & Dr Stephen Shumack

### Education

While COVID-19 restrictions have meant face to face education events are still not possible we have continued to provide our education events online with excellent attendance levels.

GP EDUCATION 2021 EVENTS			
Date	Event Series	Topic	Speaker/s
17-Feb	Education Series	Oral Dermatology	A/Prof Mark Schiffer
5-Mar	Laser Safety Course	Laser Safety	A/Prof Lee Collins
31-Mar	Education Series	Surgical	Dr Simon Lee
17-Mar	Dermatology Insights for GPs	Psoriasis & HS	Dr Margit Polcz
12-May	Dermatology Insights for GPs	Dermatophyte infections Eczematous Dermatoses and Management in General Practice	Dr Carolina Cordoba Dr Nira Chinniah
26-May	Education Series	Vascular Dermatology	Prof Kurosh Parsi

**Dermatophyte infections**  
Carolina Cordoba  
Consultant Dermatologist  
MD, FACD

Dr Stephen Shumack, Dr Carolina Cordoba, Dr Nira Chinniah

UPCOMING EVENTS			
Date	Event Series	Event Title	Speaker/s
29-May	Skin School for Medical Students	Various	Various
9-Jun	Education Series	Atopic Dermatitis targeted therapies	A/Prof Peter Foley

All of our webinars from 2020 can be viewed on the website. Go to: <https://skinhospital.edu.au/educational-content/>

## Research & Clinical Trials

### CLINICAL TRIALS UPDATE

We celebrated International Clinical Trials Day at The Skin Hospital on 20 May with morning tea to show our appreciation to the Clinical Trials Team.

We continue with 8 clinical trials for eczema, hidradenitis suppurativa, and alopecia across our Darlinghurst and Westmead sites. We will be running vitiligo and adolescent psoriasis trials in the coming months.

To learn more about our current trials, please contact our trials team ([clinicaltrials@skinhospital.edu.au](mailto:clinicaltrials@skinhospital.edu.au)) or go to our website (<https://skinhospital.edu.au/clinical-trials/>)

### RESEARCH UPDATE

Our two dermatology research fellows, Dr Janice Yeon and Dr Chelsea Jones, are involved in several research projects, some of which are detailed here. Under the guidance of Prof Fischer, Dr Yeon has developed an Australasian consensus statement for the management of Vulval lichen sclerosus (VLS). This work was recently presented at the European Academy of Dermatology and Venereology (EADV) Spring Symposium in May 2021. Currently, Dr Yeon is in the process of developing a validated severity scoring tool for vulval lichen sclerosus.

Our previous research fellow, Dr Brent Doolan, was a recipient of the Avant Doctor in

Training Research Scholarship 2021 for quality improvement research into autologous non-cultured epidermal cellular grafting for stable vitiligo (Feb 2021). This project will continue at The Skin Hospital under the research oversight of Dr Gupta.

Dr Chelsea Jones is working with Dr Matthew Lin in areas related to treatment of Bowen's disease.

We continue our patient-centric treatment improvement focus through research projects for improving doctor-patient communication for Mohs patients. This research is conducted by Dr Matthew Lin. We are also exploring the use of VISIA facial assessment scans for improving patient understanding of their skin condition. ●

We continue our patient-centric treatment improvement focus through research projects for improving doctor-patient communication for Mohs patients.

# The Skin Health Institute

The Skin Health Institute is excited to announce the launch of its brand-new Legacy Series. This series will focus on legends in the field and explore their journey both professionally and personally.



## Education in 2021

### INTRODUCING THE LEGACY SERIES

In this brand new series, our legends will be sharing their insights in areas of subspecialty in a “fireside chat”, interviewed by peers allowing for free exploration of their journey. Come along and be inspired. Register at [www.skinhealthinstitute.org.au/legacy-series](http://www.skinhealthinstitute.org.au/legacy-series)

### INSTITUTE UPDATES 2021

The Skin Health Institute is hosting 6 Institute Updates this year. Senior consultants share the latest developments in their field of interest with their colleagues, and as such are the ideal opportunity to keep up to date with the newest advances in dermatology. Attendance by dermatologists, registrars and dermatology nurses is highly encouraged. Attending dermatologists qualify for CPD points. Visit [www.skinhealthinstitute.org.au/institute-updates](http://www.skinhealthinstitute.org.au/institute-updates) to register.

Learn how to differentiate the rash of meningococcal septicaemia from the non-specific viral exanthem, a Koplik spot from Forcheimer spots and more.



The latest episode of *Spot Diagnosis* is now available. Hosts Dr Blake Mumford and A/Prof Alvin Chong discuss common child exanthems with A/Prof John Su. You'll learn how to differentiate the rash of meningococcal septicaemia from the non-specific viral exanthem, a Koplik spot from Forcheimer spots and more. Subscribers receive free access to bonus resources. Subscribe and listen at [www.spotdiagnosis.org.au](http://www.spotdiagnosis.org.au)

### A HOST OF NEW BIOLOGICS MASTERCLASSES

In 2021, we have greatly increased our Biologics Masterclass offering, thanks to the efforts of our Partnerships Manager Carolyn Dimech, and the contributions of A/Prof Peter Foley and team. We currently have a staggering 24 Masterclasses planned. Visit [www.skinhealthinstitute.org.au/events](http://www.skinhealthinstitute.org.au/events) to register.

### ONLINE BIOLOGICS EDUCATION PORTAL

The online biologics portal gives you access all the latest in biologics, including masterclass presentations on various topics, psoriasis programs, scoring tools, PBS forms, visit schedulers, care plans and much, much more. Visit [obep.edu.au](http://obep.edu.au) to register today.

## Online Biologics Education Portal

A resource for dermatology professionals

### WELCOME TO OUR NEW DERMATOLOGY REGISTRARS



Left to right: Dr William Berry, Dr Claire Felmingham, Dr On Bon (Louis) Chan, Dr Sarah Ringin and Dr Ane Beatriz Niwa.

### FAREWELL, GREG GOODMAN

Recently appointed Member of the Order of Australia and newly appointed full Professor at Monash University, Greg Goodman AM, has decided to cease his Mohs clinics at the end of April, after an amazing period of service to the Institute. Prof Goodman has not only played a pivotal role in the establishment of the Skin & Cancer Foundation in 1987, he has been instrumental in shaping the Skin Health Institute, as well as making a tremendous contribution to the contemporary practice of dermatology and dermatological education.



**ECZEMA AWARENESS WEEK**

During Eczema Awareness Week (May 3 – May 10), the Institute collaborated with the Eczema Association of Australasia (EAA). We developed an online [eczema awareness hub](#) containing helpful resources for eczema patients and healthcare professionals, and held a live screening of the EAA's Eczema Q&A webinar for all staff.



**INTERNATIONAL NURSES DAY 2021**

On 12 May,  
we celebrated  
International Day of  
the Nurse.

As the largest group of health care professionals, nurses play a pivotal role in shaping the future of healthcare and we encourage our nurses to speak out and recommend ways to improve the care we provide at the Institute. Whilst the global COVID-19 pandemic created significant disruptions to delivery



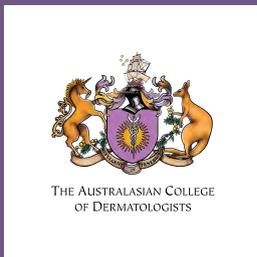
Nurses June, Mary and Domini



Nurses Leeanne, Rochelle and Ruth

of health care, the International Council of Nurses (ICN) suggest there has been significant innovation that has improved access to health care. We acknowledge that our nursing team have stoically continued to work through this difficult time, ensuring that our patients have received treatment, care and support throughout.

At the Institute, we were quickly able to pivot our services to telehealth, ensuring access to healthcare, and the nursing team undertook additional training to ensure strict infection control measures were implemented and monitored to prevent the spread of pathogens and to ensure the safety of all staff and patients. The Institute would like to extend our sincere gratitude and appreciation to all our staff, with particular thanks to our superb nursing and broader patient services team. ●



## **THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS**

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