

Skin Audit

2020 - 2022 Triennium



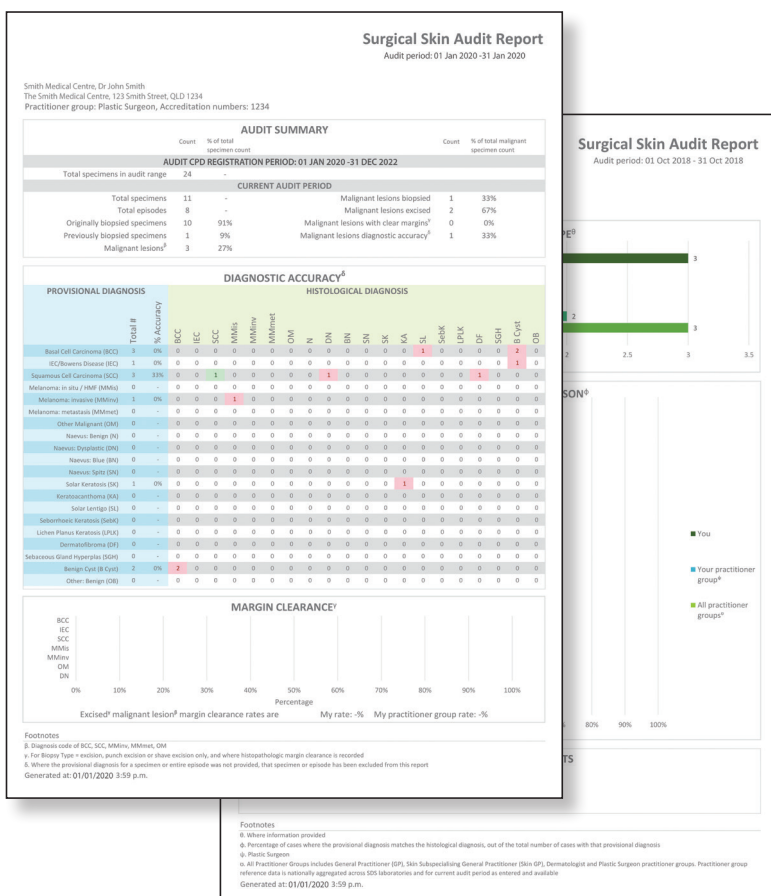
The Kossard Dermatopathologists Skin Audit has been created for doctors who have an interest in skin and refer skin pathology to Kossard Dermatopathologists.

- ✓ Improve and advance your clinical skills
- ✓ Assess and enhance your provisional diagnostic accuracy compared to histological findings
- ✓ Cumulative reporting to review your achievements
- ✓ Data collection made easy via specific Skin Audit request forms
- ✓ Audit reports sent regularly and directly to you
- ✓ RACGP CPD accredited activity*
- ✓ ACRRM accredited activity*

By participating in the Kossard Dermatopathologists Skin Audit you will receive information on number of patients biopsied, number of lesions, provisional diagnoses compared with histological diagnoses and surgical clearance rate for select excised lesions.

Registered participants must submit specimens using the dedicated skin audit request forms. The reverse side of the form must also be completed in order for specimens to count toward your audit data.

Request Form - front and back



Sample Report

*RACGP Activity number 181378 40 points CPD Accredited Activity Q1 2020- 2022 Triennium.
 *ACRRM Activity number 18578 PDP Units 20 Outcome measurement 2020- 2022 Triennium.

Skin Audit Registration Form

Please complete all sections below. Please note: Supplying your email address, and the name and registration number of your college, will allow us to allocate your education points.

DOCTOR INFORMATION

Title: _____ First Name: _____ Last Name: _____

Kossard Dr. Code (if known): _____ Provider No.: _____

Name of College: _____ College Registration No.: _____

Mandatory

Practitioner Type

- General Practitioner
 Skin Cancer Practitioner
 Plastic / General Surgeon
 Dermatologist

Use of Dermoscopy:

- No
 Always
 Sometimes

Use of Sequential Digital Imaging:

- Yes
 No

PRACTICE DETAILS

Practice Name (Primary Location): _____

Practice Address (Primary Location): _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email Address: _____

Required

Other practice locations to be included in this audit: _____

FREQUENCY OF REPORTS Reports will be delivered bi-monthly by email

I, Dr _____ (*print name*) confirm that I wish to receive a 'Skin Audit Report' of my pathology cases and I will contact Kossard Dermatopathologists if my contact details change or if I no longer want to receive the 'Skin Audit Report'.

Doctor's Signature _____ Date: _____

Scan and email, or fax completed registration form to
KossardSkinAudit@kossard.com.au / (02) 9005 7116.

Confirmation of your registration will be emailed to you. Registered doctors will be provided Skin Audit Request Forms via your Medical Liaison Officer. If you do not receive your request forms within a week please contact your local laboratory. Both sides of the Skin Audit request form must be completed to ensure that all specimens are included in your audit data.

