

# Skin Audit

## 2020 - 2022 Triennium



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

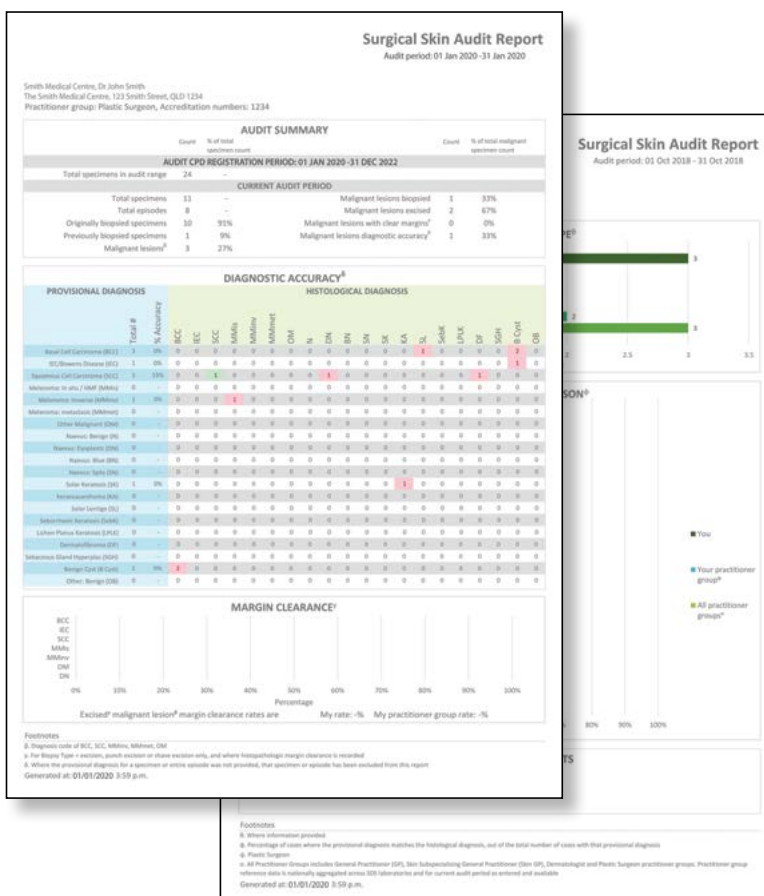
- ✓ Improve and advance your clinical skills
- ✓ Assess and enhance your provisional diagnostic accuracy compared to histological findings
- ✓ Cumulative reporting to review your achievements
- ✓ Data collection made easy via specific Skin Audit request forms
- ✓ Audit reports sent regularly and directly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

By participating in the IQ Pathology 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 229890 40 points CPD Accredited Activity 2020 - 2022 Triennium.  
 \*ACRRM Activity number 21422 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: \_\_\_\_\_

IQ Dr. Code (if known): \_\_\_\_\_ Provider No.: \_\_\_\_\_

Name of College: \_\_\_\_\_ College Registration No.: \_\_\_\_\_

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### 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 monthly

I, Dr \_\_\_\_\_ (*print name*) confirm that I wish to receive a 'Skin Audit Report' of my pathology cases and I will contact IQ Pathology 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 [education@iqpathology.com.au](mailto:education@iqpathology.com.au) / (07) 3121 4478.

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.

