



The Australian Society of Dermal Clinicians (ASDC)

ABN 20 239 508 647
PO Box 9206 South Yarra
Victoria. 3141
E: info@dermalclinicians.com.au

Practice Standards for Dermal Clinicians and Therapists.

Foreword

The Australian Society of Dermal Clinicians (ASDC) is a professional association for Dermal Clinicians, Dermal Therapists, Clinical Aestheticians, and industry associates. A key role of the ASDC is to increase the professionalisation of Dermal Clinicians, Therapists and Clinical Aestheticians as non-registered health professionals through self regulatory processes. This is in alignment with the National Code of Conduct for Non Registered Health Professionals that is regulated by health complaints legislation in each state. One of the main objectives of the ASDC is to promote high standards of care to protect the public when receiving skin health services. The ASDC does this by the development of standards, guidelines and codes, creating the benchmark for safe, and ethical practice.

The Australian Society of Dermal Clinicians Practice Standards outlines the legal requirements as well as expected professional behaviours and conduct for Dermal Clinicians as allied health professionals in Australia within all practice settings. It is supported by ASDC guidelines for practice, and with other standards and codes is the foundation for expectations and requirements for providing skin health services that are patient centred and evidence based. The ASDC acknowledges that Dermal Clinicians use their knowledge and skills in a variety of roles and settings. This can include clinical and non-clinical relationships with clients in private clinical practice, primary, outpatient and community health care services, management, administration, education, research, governance, advisory, policy development and regulatory roles.

This Practice Standard has been developed as an evidence based guideline consistent with existing national and international codes of practice for health and allied health professions. A

review of literature, existing documentation as well as analysis with the predecessor documents relating to practice was conducted by the General Committee. The development of the standards of practice is further informed by the profession, international working groups, and collaboration with the NVH (Dutch Skin Therapy Association). These standards and guidelines are important to continue to contribute to understanding the scope of practice of dermal health professionals, and the ongoing development and growth of the profession as well as the career and personal aspirations of dermal health professionals.

Jennifer Byrne

Chairperson of the Australian Society of Dermal Clinicians

BHSc (Clinical Dermal Therapy), BA (Architecture), Grad Dip (Wound Care), Grad Cert (Tertiary Education), Dip (Beauty Therapy). Lecturer & Clinic Coordinator Dermal Science - Victoria University

The following standard of practice has been developed by the Australian Society of Dermal Clinicians to provide guidance for dermal health professionals. This guideline has been developed in alignment with resources provided by State and Commonwealth governments, national and global health organisations, and collaboration with allied health and health professions. The recommendations within the standards of practice are provided to assist dermal health professionals to maintain their legal and ethical obligations as allied health professionals.

Document produced on behalf of the Australian Society of Dermal Clinicians by ASDC General Committee Adapted from resources provided by the AHPA collaborative and publicly accessible health and medical professions guidelines

Draft Version 1 March 2022



The Australian Society of Dermal Clinicians (ASDC)	1
Foreword	1
WHO ARE THE AUSTRALIAN SOCIETY OF DERMAL CLINICIANS?	5
Our mission	5
The Profession	5
Dermal Therapy/Skin Management Services	6
HOW TO USE THESE PRACTICE STANDARDS	6
The standards of practice will be used to	7
Standards of Practice for Dermal Clinicians and Therapists.	8
Code of ethical practice	8
Standard 1: Person centered focus and Evidence for practice	8
Standard 2: Communication, therapeutic relationships	9
Standard 3: Interprofessional and collaborative practice	9
Standard 4: Professional ethics and behaviours	9
Standard 5: Legal obligations and compliance	9
Standard 6: Advertising and procuring clients.	9
Standard 7: Health and wellbeing	9
Standard 8: Education, Training and Research	10
Domains of client management: The clinical reasoning continuum	10
Domain 1: Dermal health professionals conduct person centered consultations	10
Domain 2: Dermal health professionals conduct thorough client assessment	11
Domain 3: Dermal health professionals identify, prevent and manage risk to provide safe skin health services	13
Domain 4: Dermal health professionals develop evidence-based and patient centered skin health care plans.	13
Domain 5: Dermal health professionals provide safe and appropriate skin health services in compliance with all regulatory requirements.	16
Domain 6: Dermal health professionals evaluate the treatment outcomes and review care plans to inform future practice.	17
Domain 7: Dermal health professionals are self-reflective practitioners.	18
Domain 8: Dermal health professionals participate in clinical governance and quality control processes to improve dermal practice.	19
Skin Management: Scope of Practice for Dermal Health Professionals	21

WHO ARE THE AUSTRALIAN SOCIETY OF DERMAL CLINICIANS?

Our mission

The Australian Society of Dermal Clinicians (ASDC) is a not-for-profit professional association for Dermal Clinicians, Dermal Therapists, Clinical Aestheticians, and industry associates. The ASDC is a collaborative professional community of practitioners, educators, researchers, and industry representatives who have a special interest in skin health, integrity, and the clinical management of skin conditions, disorders, and disease. The ASDC encourages research and evidence-based, best practices to achieve optimal outcomes for patients. We also advocate on behalf of our members, industry representatives, and consumers in maintaining standards of safety and ethical practice.

ASDC Mission

- Ongoing Education
- Advocacy
- Support
- Industry and Public Awareness
- Career and Professional Development
- Safety

The Profession

Dermal Clinicians, Dermal Therapists, and Clinical Aestheticians are unregistered health professionals providing services for the assessment and management of skin health and integrity. In providing skin health services they manage common skin conditions providing non-surgical, therapeutic interventions to assist with acute and chronic skin conditions, disorders, and diseases.

The health science education of Dermal Clinicians, Dermal Therapists, and Clinical Aestheticians are broad with studies undertaken at various levels of qualification. These studies include but are not limited to general anatomy and physiology, skin and wound biology, assessment, and management of common dermatological conditions, physics, chemistry, psychology and evidence-based practice.

The Australian Society of Dermal Clinicians recognises that in providing skin management and health services, providers can have varying education levels and qualifications. This impacts the scope of practice for skin health professionals, the delegation of roles and responsibilities when working with other dermal health professionals and medical or health professionals as well as the accepted use of professional titles. To further assist the industry, the wider health community,

and the public to understand these differences and galvanise professional identity the ASDC advocates the use of the following titles. This is based on the breadth and depth of education specific to the theory and scope of practice of dermal therapy/skin services.

Dermal Clinician, being an allied health professional with an (AQF 7) Bachelor Degree with a minimum duration of 3 years from an ASDC endorsed institution; and

Dermal Therapist, being a vocational graduate certificate, diploma or associate degree qualification from an ASDC endorsed institution.

Dermal Therapy/Skin Management Services

Dermal Clinicians and Therapists provide skin health education and therapeutic skin management strategies to all people in Australia, of all ages and cultural backgrounds. Therapies can include the use of topical products or minimally invasive, non-surgical procedures. Dermal health professionals work independently and collaboratively with general and specialist medical and allied health professionals.

Dermal Clinicians and Therapists provide skin health services to assist with managing common skin problems in the general population including concerns about general skin health or appearance as well as prevention and management of ageing and skin problems associated with photodamage. Dermal health professionals can provide advice and management to assist with common conditions and disorders relating to skin, adipose, hair, and nails. Dermal Therapies play a role in managing scars, oedema, and general skin health as part of pre and post-operative preparation or recovery

Dermal Clinicians are also educated in managing more complex people with comorbidities and moderate to more severe presentations of common skin conditions. As allied health professionals they will work in collaboration with and are often integrated with medical and allied health professionals or teams to develop holistic care plans. These dermal health professionals can address various acute and chronic skin conditions that may be associated with medical and chronic health conditions or skin changes as part of their treatment. More common patient groups include but are not limited to diabetics, people with vascular disease, lymphatic dysfunction, and cancer.

In Australia, dermal therapy and skin health services are regulated by various Commonwealth, state, and territory laws. Dermal Clinicians and Therapists are required to comply with these laws and regulations as applicable nationally and in their own state.

HOW TO USE THESE PRACTICE STANDARDS

These practice standards apply to Dermal Clinicians and Therapists within their scope of practice. In applying to become a member of the Australian Society of Dermal Clinicians applicants accept to be responsible and accountable for abiding by the standards and expectations outlined in this guideline. The ASDC will review the practice standards every two (2) years to ensure that the document maintains currency with the development of the profession and changes in the scope of practice. It will also be benchmarked against national and international standards to ensure that there is consensus and discussion with professional bodies regarding the emerging issues that face Dermal health professionals now and into the future.

The practice standards have been developed with consideration of the code of ethical practice for dermal clinicians and provide a framework for client management that respects the legal requirements, professional conduct, and behaviours expected of Dermal Clinicians and Therapists in Australia, irrespective of where and how they are using their knowledge and skills, paid or unpaid, to improve skin health education and management. This includes interactions that may be face-to-face or virtual.. The standards explain the conduct expected by colleagues, the industry, and the public in their clinical and non-clinical interactions with Dermal Clinicians and Therapists.

It is expected that Dermal Clinicians and Dermal Therapists will also exercise professional judgement to provide the best possible patient-centered and evidence-based care when providing skin health services that are relevant to their scope of practice. Scope of practice is determined by the individual dermal health professional's education, experience, clinical setting, and support network of health and allied health professionals.

The Australian Society of Dermal Clinicians acknowledges that individual Dermal Clinicians and Therapists will have their own beliefs and values. This standard outlines a benchmark by which all Dermal Clinicians and Therapists must adhere to and students must work toward professional practice to ensure safe and ethical, patient-centred care.

The standards of practice will be used to:

The standards of practice are presented as an alignment with the standards of ethical practice and the domains of clinical client management. This guideline for practice is used to:

1. To provide a guide for the public and colleagues of Dermal Clinicians and Therapists regarding the conduct and clinical methodology expected in their interactions with Dermal Clinicians and Therapists.

2. To provide Dermal Clinicians and Therapists with a framework for evaluating decisions that may impact the safe and ethical delivery of health services and interactions with patients.
3. To support Dermal Clinicians and Therapists to meet the expectations of their professional role and identity as health professionals.
4. To be used as a resource to further the profession and enhance the professionalism of Dermal Clinicians and Therapists when developing policy, procedures, and education that relates to the practice of Dermal Clinicians and Therapists.
5. To be used to assist in the education and training of supervising clinicians and students of the roles and responsibilities of Dermal Clinicians and Therapists.

Standards of Practice for Dermal Clinicians and Therapists.

The standard is presented as 'domains' that provide minimum requirements expected during the continuum of person-centered care and provision of health services. It is expected that Dermal Clinicians and Therapists will still exercise critical thinking and judgement when applying them.

For the purposes of these standards of practice, 'Dermal **(skin) health professional**' refers to both Dermal Clinicians and Therapists that are providing skin health services including education and management strategies. The term '**individual**' or '**person**' refers to clients or patients that are receiving skin health education or management or are otherwise interacting with a Dermal Clinician or Therapist.

A '**Skin health service**' is any service that can directly or indirectly alter the structure and function of the skin (integument) and/or its appendages. The aim of the service is to correct dysfunction, disorder or disease, promote health and wellbeing, or prevent further damage. In doing so that action of the therapy can induce alterations that may be long-term and may not be completely reversible. This can include therapies that are topical, manual, or use a variety of applied energy sources. This differs from a '**beauty service**' that is superficial and focused on improving or maintaining cosmetic appearance. This alteration or change is temporary (less than 3 months) and completely reversible.

Skin problem or **concern** is used to describe any presenting concern with skin appearance or function. This can include cosmetic or aesthetic concerns as well as dysfunction, conditions, disorder, or disease that impacts the skin (integument) and its adnexal structures. This includes skin, adipose, hair, and nails.

Code of ethical practice

Underpinning the domains of clinical practice are the standards within the code of ethical practice. In each of the domains within client management, dermal health professionals must exercise critical thinking and self-reflection to ensure they uphold these values, behaviours, and conduct.

Skin Management Scope of practice

Dermal health professionals provide health services related to the skin, its adnexal structures, and appendages. This includes assessment and management of the skin, hair, and nails. Dermal health professionals who have an AQF 7 Bachelor Qualification as part of their education and training are able to manage the skin, its adnexal structures, and appendages to maintain health, prevent disease as well as assess and manage common problems and conditions..

In providing assessment and management, dermal health professionals employ a range of techniques within their scope of practice that may involve education, topical, manual, or energy-based devices. At the center of all dermal health services is education and around this treatment planning can employ a variety of modalities and techniques. These are recommended based on a person-centered approach and evaluation of evidence for practice.

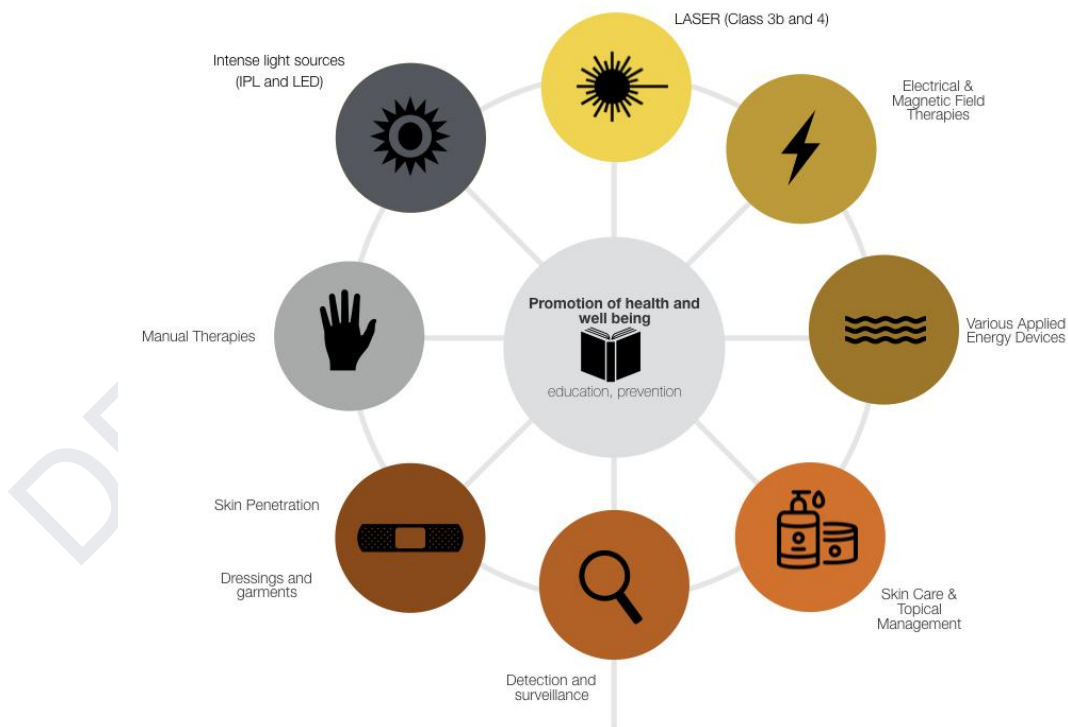


Figure 1. Pillars of Skin Management

Competency Standards in the provision of skin health services.

Dermal skin health professionals exercise clinical reasoning and judgement to provide patient-centered and evidence-based care. They understand that patient-centered care is a continuum and not a linear process that requires a partnership between the skin health professional and person. Dermal health professionals provide skin services during this continuum maintaining at all times the standards of ethical practice.

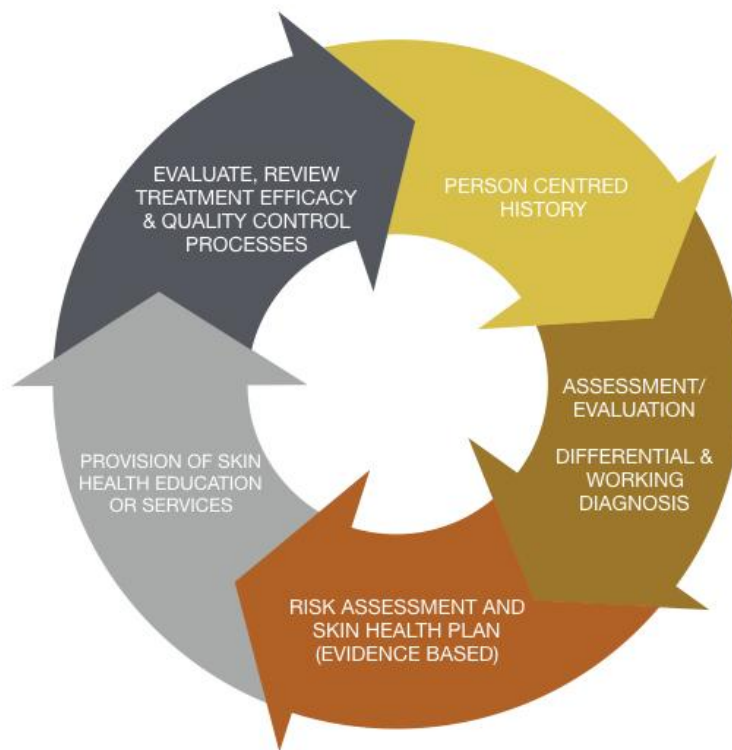


Figure 2. The skin health continuum of care.

The client management continuum and standards of practice presented within the clinical reasoning cycle in **Figure 2.** required dermal health professionals to demonstrate competency in the domains of practice.

1. Dermal health professionals conduct person centered consultations
2. Dermal health professionals conduct thorough client assessment
3. Dermal health professionals identify, prevent and manage risk to provide safe skin health services
4. Dermal health professionals develop evidence-based and patient centered skin health care plans

5. Dermal health professionals provide safe and appropriate skin health services in compliance with all regulatory requirements.
6. Dermal health professionals evaluate the treatment outcomes and review care plans to inform future practice.
7. Dermal health professionals are self-reflective practitioners.
8. Dermal health professionals participate in clinical governance and quality control processes to improve dermal practice.

DRAFT CONFIDENTIAL

Domain 1: Dermal health professionals conduct person-centered consultations

Dermal health professionals are culturally competent and respect diversity within the Australian population. They develop therapeutic relationships and approach each person as an individual with their own unique experiences, preferences, and needs. Dermal health professionals utilise a variety of communication techniques appropriate to the person to gather information relating to the presenting problem or concern, history, experience, expectations, and desired outcomes of dermal (skin) therapy.

The dermal health professional will:

- 1.0 Obtain all relevant medical and psychosocial information to ensure the safe provision of skin health education and services.
- 1.1 Apply critical thinking to determine factors that may impact assessment and treatment planning.
- 1.2 Apply appropriate communication techniques for the person's age, health education level, cultural or language requirements to remove barriers that may result in not obtaining the required information, poor understanding or cooperation of the person in their skin health therapy.
- 1.3 Work in collaboration with the person to determine priorities, preferences, needs, and expectations of skin management.
- 1.4 Provide education to the person that will assist them to understand their presenting problem or concern and strategies that may assist to improve or manage the skin problem or concern.
- 1.5 Clearly explain the role that the person and the dermal health professional will have in working together to achieve negotiated outcomes.
- 1.6 Involve other health or allied health professionals as appropriate in the consultation process for interprofessional client management.
- 1.7 Clearly communicate what is involved in proceeding with skin health services including cost, benefits, limitations, risks, and complications, both expected and undesired associated with the therapies that may be incorporated in plans of care.
- 1.8 Provide opportunities for the person to ask questions and consider options or second opinions before proceeding with services.

1.81 This may include cooling-off periods for services on vulnerable people or for health services that result in alteration of function and appearance of the skin or adnexal structures.

1.9 Conduct the consultation in a manner that informed consent can be obtained from the person before proceeding with any skin health service.

Domain 2: Dermal health professionals conduct thorough client assessment

Dermal health professionals conduct a holistic physical examination of the person, maintaining personal privacy and professional boundaries as well as respecting their cultural, religious, and personal needs. Dermal health professionals use a range of subjective and objective assessment techniques including clinical tools to visualise and understand the presenting problem or concern and the person's experience.

The dermal health professional will:

2.0 Apply holistic evaluation techniques of the presenting problem including;

2.01 System review to investigate factors that may impact the health, appearance, and function of the skin

2.02 Determine lifestyle and behavioural factors that may impact health, appearance, and function of the skin as well as treatment planning.

2.03 Physical examination of the affected and surrounding area that is appropriate to the person. This should respect the needs and preferences of the person and protect their modesty at all times..

2.1 Evaluation of skin health variables that impact on skin profile, condition, and risk assessment for treatment planning

2.2 Use clinical tools to visualise the skin concern or problem.

2.3 Classify and grade the presenting problem, condition, disorder, or disease using appropriate algorithms, techniques, and tools. This should be undertaken to document the person prior to treatment beginning and on a regular basis as part of the ongoing monitoring of treatment efficacy including any potential side effects of complications.

Domain 3: Dermal health professionals identify, prevent and manage risk to provide safe skin health services

Dermal health professionals take all steps necessary to prevent adverse events. This includes processes for candidate selection, referral, education, risk assessment, and risk minimisation strategies as well as timely and appropriate communication and management of adverse events. Dermal health professionals must ensure that these processes are documented. Dermal health professionals ensure they have appropriate professional indemnity insurance.

The dermal health professional will not perform any procedures that are outside their scope of practice as determined by their education, training, and experience.

The dermal health professional will:

3.0 Use information gathered in the patient history and physical assessment to undertake a patient screening to determine suitability for therapy.

3.01 Apply clinical judgement based on evidence for practice, as well as health and safety risks to determine if benefit versus the risk is acceptable for the service provided. If the risk outweighs the benefit they will not proceed with the service.

3.1 Identify and document risk so that adequate strategies can be implemented to prevent or manage possible adverse outcomes.

3.10 Undertake and document risk assessments for the techniques and procedures used in health services.

3.11 Have standard operating procedures for the techniques and procedures used in health services

3.12 Have a management plan and pathway for any adverse events that occur as part of the provision of services.

3.13 Refer adverse events to a medical practitioner if the complication is outside their scope of practice to manage independently.

3.2 Comply with all regulatory and legal requirements for incident reporting and data collection.

3.20 Have an internal process to report, manage and evaluate adverse events for continued process improvement and evidence for practice.

3.3 Will have adequate indemnity and liability insurance applicable to the services they provide.

Domain 4: Dermal health professionals develop evidence-based and patient-centered skin health care plans.

Dermal health professionals must provide person-focused, evidence-based skin health education and services. Evidence-based strategies are those that are supported by a scientific methodology or paradigm and/or have consensus within the scientific literature to be best practice. The provision of person-centered care respects the need for shared decision-making between the Dermal health professional and the person, including their needs, preferences, and other impacting factors such as health and psychosocial status.

The dermal health professional will:

- 4.0 Apply patient history and assessment information as well as best evidence available to develop skin health plans of care.
- 4.1 Create plans collaboratively and through negotiation with the relevant persons, including goals, priorities, options, timeframes, contingencies, and outcomes.
- 4.2 Only recommend the provision of therapy and services that are in the best interest of the person.
- 4.3 Documents, evaluates and adapts plans of care based on clinical endpoints in alignment with agreed goals, priorities, and outcomes.
 - 4.31 Determines appropriate stage or time frame for reevaluation of goals, priorities, and endpoints to inform further treatment planning and evidence for practice.

Domain 5: Dermal health professionals provide safe and appropriate skin health services in compliance with all regulatory requirements.

Dermal health professionals must ensure they are up to date and comply with all Commonwealth state and local council laws, regulations, and guidelines that pertain to their practice to ensure the safe provision of skin health education and services. This includes all jurisdictional requirements for infection control and other risk minimisation requirements related to the provision of skin health services. Dermal health professionals will maintain currency and comply with work occupational health and safety and professional ongoing education requirements associated with the use of equipment or procedures in the provision of skin health services. Dermal health professionals provide skin services within their scope of practice.

Dermal health professionals will:

- 5.0 Determine and respond in a timely manner to their capability for practice to ensure the health and safety of themselves and others.
- 5.1 Apply a lifelong approach to learning and development, engaging with professional development opportunities for self and others.
- 5.2 Accept accountability for the decisions, responsibilities, actions, and behaviours required within their role and for the services they provide.
- 5.3 Practice in a safe and responsible manner that is responsive to the needs of the persons in their care and when providing skin health services.
 - 5.31 Consider the duty of care of the person in the skin health care continuum in order to act in their best interests at all times.
- 5.4 Comply with all Commonwealth, state, and local council laws, regulations, or guidelines as well as profession-determined policies and procedures related to the services they provide.
- 5.5 Only provide services that are within their scope of practice and delegate aspects of practice to colleagues that are within their scope of practice.
- 5.6 Ensure that any equipment or products meet health and safety requirements for the use and provision of skin health services.

Domain 6: Dermal health professionals evaluate the treatment outcomes and review care plans to inform future practice.

Dermal health professionals take accountability for evaluating and documenting the progress and outcomes of skin health services in order to improve practice. Evaluation is based on negotiated needs, goals, or priorities as well as clinical endpoints utilising appropriate subjective and objective assessment tools and techniques. Dermal health professionals will conduct an evaluation at appropriate intervals discussed with the person in order to evaluate treatment safety and success to work toward achieving desired goals or endpoints. Dermal health professionals will revise plans or goals based on this information in partnership with the relevant person/s and their needs and goals.

Dermal health professionals will:

- 6.1 Document therapy and services in order to undertake quality control, evaluate outcomes, and inform future evidence for practice.
- 6.2 Utilise a variety of techniques to gather subjective and objective data to appropriately inform practice and the need for future therapy or services.
- 6.3 Determine based on best available evidence, clinical methodology, and the person needs time frames to gather data to inform practice.
- 6.4 Adapts plans of care based on clinical endpoints in alignment with agreed goals, priorities, and outcomes.
- 6.5 Cease further therapy or services when appropriate as agreed in negotiation based on needs, priorities and endpoints achieved as well as the further potential for improvement.

Domain 7: Dermal health professionals are self-reflective practitioners.

Dermal health professionals participate in self and peer reflective activities to continually learn and improve practice. They will critically evaluate and interrogate their actions, beliefs, values, and behaviours and the impact these may have on the safety and outcomes of skin health services. Dermal health professionals will strive to implement changes to continually grow and improve based on learnings resulting from this process.

Dermal health professionals will:

- 7.0 Regularly reflect on outcomes of their interactions with people they interact within their professional capacity to interrogate their actions, values, and behaviours for self-improvement.
- 7.1 Review and discuss outcomes of services and therapy collaboratively with colleagues in a manner that adheres to legal and ethical requirements in order to inform the development of evidence for future practice.
- 7.2 Seek opportunities for self and peer reflection and collaboration with their profession more widely.

Domain 8: Dermal health professionals participate in clinical governance and quality control processes to improve dermal practice.

Dermal health professionals participate in activities and processes to improve the safety and quality of skin health services in order to improve outcomes for those with skin health problems and concerns.

Dermal health professionals will strive to implement changes to continually grow and improve practice based on learnings resulting from this process

Dermal health professionals will:

8.0 Use information gathered through self-reflection and clinical auditing of procedures and outcomes to implement improvement processes

8.1 Establish regularity of appropriate activities used to audit procedures, policies, and clinical outcomes that meets regulatory requirements as well as to ensure improvement of practice, safety, and satisfaction with skin health services.

8.2 Implement strategies to assist with lifelong learning and improvement of self and others.

8.3 Maintain currency of knowledge and expertise with all regulatory requirements that pertain to the provision of skin health services.

Australian Society of Dermal Clinicians Practice Standards Summary Document

This code of ethical practice applies to all Dermal Clinicians and Therapists. In applying to become a member of the Australian Society of Dermal Clinicians applicants accept to be responsible and accountable for abiding by the standards and expectations outlined in this code.

It is expected that Dermal Clinicians and Dermal Therapists will also exercise professional judgement to provide the best possible patient-centered and evidence-based care when providing skin health services.

Dermal health professionals should not rely solely on this code as compliance with the commonwealth, state, and territory or case laws. Where there is a conflict between the code and any law, the law takes precedence

Domain 1: Dermal health professionals conduct person-centered consultations

Dermal health professionals are culturally competent and respect diversity within the Australian population. They develop therapeutic relationships and approach each person as an individual with their own unique experiences, preferences, and needs. Dermal health professionals utilise a variety of communication techniques appropriate to the person to gather information relating to the presenting problem or concern, history, experience, expectations, and desired outcomes of dermal (skin) therapy.

Domain 2: Dermal health professionals conduct thorough client assessment

Dermal health professionals conduct a holistic physical examination of the person, maintaining personal privacy and professional boundaries as well as respecting their cultural, religious, and personal needs. Dermal health professionals use a range of subjective and objective assessment techniques including clinical tools to visualise and understand how the presenting problem or concern impacts the skin as well as the experience of the person.

Domain 3: Dermal health professionals identify, prevent and manage risk to provide safe skin health services

Dermal health professionals take all steps necessary to prevent adverse events. This includes processes for candidate selection, referral, education, risk assessment, and risk minimisation strategies as well as timely and appropriate communication and management of adverse events.

Dermal health professionals must ensure that these processes are documented. Dermal health professionals ensure they have appropriate professional indemnity insurance

Domain 4: Dermal health professionals develop evidence-based and patient centered skin health care plans.

Dermal health professionals must provide person-focused, evidence-based skin health education and services. Evidence-based strategies are those that are supported by a scientific methodology or paradigm and/or have consensus within the scientific literature to be best practice. The provision of person-centered care respects the need for shared decision making between the Dermal health professional and the person, including their needs, preferences, and other impacting factors such as health and psychosocial status

Domain 5: Dermal health professionals provide safe and appropriate skin health services in compliance with all regulatory requirements.

Dermal health professionals must ensure they are up to date and comply with all Commonwealth state and local council laws, regulations, and guidelines that pertain to their practice to ensure the safe provision of skin health education and services. This includes all jurisdictional requirements for infection control and other risk minimisation requirements related to the provision of skin health services. Dermal health professionals will maintain currency and comply with work occupational health and safety and professional ongoing education requirements associated with the use of equipment or procedures in the provision of skin health services. Dermal health professionals provide skin services within their scope of practice

Domain 6: Dermal health professionals evaluate the treatment outcomes and review care plans to inform future practice.

Dermal health professionals take accountability for evaluating and documenting the progress and outcomes of skin health services in order to improve practice. Evaluation is based on negotiated needs, goals, or priorities as well as clinical endpoints utilising appropriate subjective and objective assessment tools and techniques. Dermal health professionals will conduct an evaluation at appropriate intervals discussed with the person in order to evaluate treatment safety and success to work toward achieving desired goals or endpoints. Dermal health professionals will revise plans or goals based on this information in partnership with the relevant person/s and their needs and goals.

Domain 7: Dermal health professionals are self-reflective practitioners.

Dermal health professionals participate in self and peer reflective activities to continually learn and improve practice. They will critically evaluate and interrogate their actions, beliefs, values, and behaviours and the impact these may have on the safety and outcomes of skin health services.

Dermal health professionals will strive to implement changes to continually grow and improve based on learnings resulting from this process

Domain 8: Dermal health professionals participate in clinical governance and quality control processes to improve dermal practice

Dermal health professionals participate in activities and processes to improve the safety and quality of skin health services in order to improve outcomes for those with skin health problems and concerns.

Dermal health professionals will strive to implement changes to continually grow and improve practice based on learnings resulting from this process

Declaration

I, (printed name) agree to accept and uphold the values, behaviours, and conduct outlined in the code of ethical practice as a dermal health professional and member of the Australian Society of Dermal Clinicians. I understand that not upholding these standards of ethical practice may result in disciplinary action should I be deemed in breach or have demonstrated professional misconduct.

Date (insert here)

Legal and Regulatory Requirements Pertaining to Practice of Dermal Health Professionals

Although Dermal Clinicians and Therapists are not registered health professionals, they are commonly recognised as providers of health services. In 2015 the Council of Australian Governments (since 29 May 2020, reformed as the National Federation Reform Council (NFRC)) established a National Code of Conduct for Non-Registered Health Care Workers. It is accepted that the aim of this was to protect the public by setting a minimum standard of practice to ensure health services are provided by competent, and ethical practitioners.

Since the establishment of the Code of Conduct, it has been implemented and adapted within each state and territory. At the present time, the Code of Conduct is regulated in QLD, NSW, Victoria, and South Australia. The following laws, regulations, and standards also apply to those providing dermal therapy or skin health services. These include consumer protection laws, employment law, criminal law, tort law (negligence), the law of contracts, health complaints law, and laws that regulate medicines, therapeutic goods, and equipment.

Figure 1. State and Territory Regulation of unregistered health care providers¹.

Commonwealth	Legislation, Regulations and Codes		
	Work Health and Safety ACT(2019), Regulations and Codes of Practice Australian Consumer Law (2010) Fair Work Act and Regulations (2009) Therapeutic Goods Act Therapeutic Goods Regulation Therapeutic Goods Advertising Code (2021) The Privacy Act (1988) Australian Radiation Protection and Nuclear Safety Act 1998 Australian Radiation Protection and Nuclear Safety (Licence Charges) Act 1998 Biosecurity Act (2015)		
State	Code of Conduct	Health Complaints	Legislation
Victoria	Code of Conduct for General Health Services	Health Complaints Commissioner	Health Complaints Act 2016 Health Records Act 2001 Health Records Regulations 2012 Privacy and Data Protection Act 2014

¹ It is expected that Dermal Clinicians and Therapists are responsible for maintaining currency and adhering with regulations, guidelines and ACTS that relate to professional practice including but not limited to workplace occupational health and safety, privacy and management of health records, standards of care and human rights, working with vulnerable populations including children, aged and disabled, anti-discrimination, cultural competency, bullying/ harassment, assault and battery and defamation.

			<p>Workplace Occupational Health and Safety Act and Regulations</p> <p>Freedom of Information Act 1982</p> <p>Freedom of Information (Access Charges) (Amendment) Regulations 2002</p> <p>Charter of Human Rights and Responsibilities Act 2006</p>
New South Wales	Code of conduct for unregistered health practitioners	Health Complaints Commission	<p>Public Health Regulation 2012</p> <p>Public Health ACT 2010</p> <p>Privacy and Personal Information Protection Act 1988</p> <p>Code of conduct for unregistered health professionals</p> <p>Workplace Occupational Health and Safety Act and Regulations</p>
Queensland	National code of conduct for health care workers (Queensland)	Office of the Health Ombudsman	<p>Human Rights ACT 2019</p> <p>Public Health ACT 2005</p> <p>Information Privacy Act 2009</p> <p>Workplace Occupational Health and Safety Act and Regulations</p> <p>Radiation Safety Act 1999</p> <p>Radiation Safety Regulation 2021</p> <p>Standard for non-ionising radiation apparatus—medical or cosmetic procedures, or related practices (2021)</p> <p>Standard for premises—non-ionising radiation apparatus (2021)</p>
South Australia	Code of conduct for certain health care workers	Health and Community Services Complaints Commissioner	<p>Health and community services complaint ACT 2004</p> <p>Freedom of information act 1991</p> <p>Workplace Occupational Health and Safety Act and Regulations</p>
Western Australia	National code of conduct for health care workers in Western Australia-consultation	Health and disability Services Complaints Office	<p>Health and Disability Services Complaints ACT 1995</p> <p>Freedom of information act 1992</p> <p>Workplace Occupational Health and Safety Act and Regulations</p>

			Radiation Safety Act 1975 Radiation Safety (General) Regulations 1983 Radiation Safety (Qualifications) Regulations 1980
Tasmania		Health Complaints Commissioner Tasmania	Health Complaints Act 1995 Health complaints code of conduct amendment 2018 Personal Information Protection Act 2004 Workplace Occupational Health and Safety Act and Regulations Radiation Protection Act 2005
Northern Territory	Code of Health and Community Rights and Responsibilities National Code of Conduct for unregistered health care workers -implementation in the Northern Territory Information Paper	Health and Community Services Complaints Commission	Health and Community Services Complaints Regulation 1998 Information Act 2002 Workplace Occupational Health and Safety Act and Regulations
Australian Capital Territory (ACT)	National Code of Conduct for Health Care Workers- Consultation.	Health Services Commissioner	Health Records (Privacy and Access) ACT 1997 Privacy ACT 1988 Human Rights Commission ACT 2005 Information Privacy Act 2014 Workplace Occupational Health and Safety Act and Regulations

Supplementary Guidance Information

Skin Health Variables

Evaluation of **skin health variables** that impact skin profile, condition, and risk assessment for treatment planning. These parameters include but may not be limited to:

- Barrier function
- Skin thickness/texture
- Viscoelasticity
- Sebaceous lipids
- Hydration/moisture
- Chromophore
- Inflammation/immune function
- Oxygenation
- Temperature
- Sensation
- Presence of lesions.

Clinical Tools

Clinical tools that are used to visualise the skin concern or problem includes but is not limited to the use of the following:

- Dermal health professionals' senses (sight, touch, smell)
- Magnification and light. Used to protect the dermal health professional framework, occupational health, and safety risks such as eye and muscular strain when observing the skin as well as to improve visualisation.
- Woods light. Used to visualise underlying chromophores or further visualise skin health variables through light tissue interactions such as absorption as well as fluorescence when exposed to UV or blue light (320-400nm)
- Dermatoscope. Used to visualise sub-clinical patterns within the skin under high magnification and illumination with polarised and unpolarised light.

Commonly Use Algorithms

Provided is an indicative not exhaustive list of algorithms that can be used by dermal health professionals.

- Fitzpatrick Scale (photo typing)
- Glogau Scale (classification of photo ageing)

- Roberts Skin Type Classification System (Combines, Fitzpatrick, Glogau, hyperpigmentation, and scarring)
- Leeds Technique (Acne)
- Global Acne Severity Scale (GAGS)
- Specific Symptom Sum Score (SRRC) Xerosis
- SCORAD (Atopic Dermatitis/Eczema)
- PASI (Psoriasis)
- NAPSI (Nail Psoriasis severity index)
- CEAP Classification (Venous insufficiency)
- Venous Clinical Severity Score
- National Rosacea Society: Rosacea Clinical Score Card
- MASI (Melasma)
- Vitiligo Area Scoring Index (VASI)
- Ludwig Savin Chart (Female pattern baldness)
- Norwood Hamilton Chart (Male pattern baldness)
- Ferriman-Gallwey (Hypertrichosis/Hirsutism)
- Chaos and Clues (Dermoscopy)
- MEASURE (Wounds)
- TIME (Wounds)
- POSAS (Patient Observer Scar Assessment Scale)
- Onychomycosis Severity Scale (Nail Infection)
- Digital clubbing grade (nail deformity)
- International Society of Lymphology (ISL) Lymphoedema staging
- Photonumeric cellulite severity scale (CSS) Hexel, Dal Fornal & Hexel
- Nurnberger and Mueller cellulite grading scale