

David Kaufman, Censor-in-Chief of the Royal Australian and New Zealand College of Ophthalmologists, 2002 - 2008

David Kaufman was born in Melbourne on 22 February 1946. He was educated at Scotch College, Melbourne and graduated MB BS at the University of Melbourne in 1969. He worked as an intern and Senior House Officer at the Royal Melbourne Hospital before entering the ophthalmology training program at the Royal Victorian Eye and Ear Hospital from 1972 to 1973. He was awarded FRACS in 1974. Subsequently he undertook post-graduate training as Clinical Lecturer at the Nuffield Laboratory of Ophthalmology, Oxford, UK followed by a study and lecture program in the USA. David served as a consultant at the Royal Melbourne Hospital from 1978 to 2013 being Head of Department 1991 to 2000.

He became interested in working in remote areas at an early stage and served on the National Trachoma and Eye Health Project at Utopia in the Northern Territory, and as a Director of the Australian South Pacific Eye Consultant Team (ASPECT) Foundation in the South Pacific, leading many teams to Pacific nations for teaching and surgical aid.

His College activities began with the organisation of the Victorian State Conference and subsequently the organisation of the National Conference in Melbourne in 1984 at which the first scientific research meeting was held. David served on the Victorian State Branch Committee from 1978 to 1987 and he served on the Federal Council from 1985 to 1987, joining the RACO Library Committee in 1987.

He served as a Part II Examiner for ten years and joined the Federal Qualification and Education Committee (QEC). In 1999 he took over from Dr Geoffrey Crawford as Chairman of the Committee for Continuing Medical Education (CME) which was re-named Continuing Professional Development (CPD) in 2001 following a wide-ranging review. During his term the program remained voluntary although Fellows had been encouraged to participate for purposes of medical registration and medical indemnity. A web-based audit activity was developed in conjunction with Mederserv and electronic data entry was launched to enable Fellows to enter their CPD points on line. A new CPD framework formalising activity reporting was introduced for the 2006 - 2008 triennium when it became a requirement for Fellowship.

Subsequently he took over the role of Censor-in-Chief from Peter O'Connor in 2002, serving for six years. During this time sustained improvements were made to the quality and effectiveness of the College's education system. In 2002 the College established a Board to be the body legally responsible for corporate governance, including education and training. As an ex-officio member of the Board he provided the formal link with the Qualification and Education Committee which sets policy and oversees the delivery of all education and training. An important measure of external recognition of the College's educational competence was the interim accreditation of the College's education programs by the Australian Medical Council (AMC). Formal accreditation in 2006 followed an exhaustive accreditation process with overall positive findings although the review identified some areas for improvement including the desirability of microsurgery skills laboratories in each network.

The educational strategic planning group continued with the development of a five-year Vocational Training Program (VTP) expressed in system terms, along with systems for the CPD, and for the assessment of Overseas Trained Specialists (OTS). The assessment of overseas trained specialists increased substantially over the course of his tenure as C-i-C.

The five-year VTP comprised two years of basic training and two years of advanced training in addition to a final year. The trainees moved through the program by satisfactorily meeting requirements at each stage to be eligible to progress to the next. The program was underpinned by systemic accreditation of training networks and posts, rigorous selection processes, quality supervised clinical and surgical training based on curriculum standards, and comprehensive assessment through examinations and work-based assessments.

Review of trainee numbers for the initial five-year VTP showed that an increase of 30 training posts would be required to be phased in over the next few years with funding support from government. Additional training posts were accredited and the need to distinguish posts suitable for basic training and those suitable for advanced training, was recognised. The educational strategies committee worked closely with the regional QEC Chairs in recognition of their key role in overseeing vocational training in consultation with training hospitals.

The five-year cycle of training post inspections was completed in 2003 and henceforth would become a three-year cycle. Qualification for College accreditation for hospital-based networks, and for each rotational post within those networks was based on an objective basis for determining whether improvements were necessary. Formal endorsement of standards for use in inspections to provide clear guidance to all parties and to achieve an appropriate balance of responsibilities between the College and the hospitals was achieved.

An occupational psychologist was engaged to provide professional advice on selection methods, and behavioural capabilities were identified. Registration for the National Ophthalmic Matching Program (NOMP) was brought forward to March 2003 and each registrant for the matching was then assessed on these behavioural capabilities. In 2003 selection did not require a pass in the previous basic sciences examination. Basic sciences were then included in the training program.

All training and assessment in the five year VTP were underpinned by curriculum standards and an effective tracking system for their achievement was developed. Following review of the curriculum standards, Social and Professional Responsibilities, the Patient Safety Framework, the Indigenous Curriculum and Cultural Competence statements were added. Examiners agreed that for basic training formal examinations would be required for anatomy, physiology, ocular pharmacology, optics, and ophthalmic instruments. For the subjects of pathology, genetics, epidemiology, microbiology and virology there would be formative assessment workshops at which trainees' attendance would be compulsory. The Part II Examination was reviewed and split into the two elements of Advanced Pathology and the RANZCO Advanced Clinical Examination (RACE) with trainees permitted to sit Advanced Pathology from year three and RACE in year four.

A program of workshops to train supervisors in clinician coaching and feedback was commenced and a new Social and Professional Responsibilities curriculum standard was developed to articulate the professional behaviours expected of trainee ophthalmologists. A new surgical logbook was introduced to align with the clinical curriculum standards and enable the trainee to record procedures at involvement level, from observation to performing unsupervised. All trainees undertook work-based assessments with their supervisors for each rotation in a hospital training network which provided pertinent feedback about trainees' clinical competence as well as their professional behaviour. The mentor system was enhanced, and a mentoring handbook produced, so that all trainees were supported to work within an established system. A Study Guide for Ophthalmic Trainees was also developed.

First year trainees in the five year VTP required guidance on managing their service and study commitments dealing with the ophthalmic sciences exams, therefore workshops were held to identify the issues and develop practicable support pathways to assist under-performing trainees: an online assessment system was developed to assist them to balance their commitments. A new Trainee Progression Committee was set up for tracking the performance of trainees; providing advice on trainees in difficulty; and reviewing proposals for research and final year plans. A senior trainee group was created in 2004 to allow trainee representatives to participate in regional and federal QEC meetings and in the College Council meetings.

To enhance the development and implementation of the five year VTP, quality reviews of all elements of the program were scoped including the Ophthalmic Sciences exams from the trainees' perspective; curriculum standards; and the behavioural capabilities assessment for trainee selection.

Directors of Training were introduced to assist with the work of the QEC Chairs. An award for Excellence was introduced to recognise the work of supervisors and clinical tutors.

In his spare time, David enjoys salt water fishing, photography, golf and woodwork.