Dr David Kaufman

RANZCO Censor-in-Chief (2002–2008)

Dr David Kaufman served as RANZCO Censor-in-Chief from 2002 to 2008 and oversaw major advances in training, assessment and continuing professional development.

Born in Melbourne on 22 February 1946, Dr Kaufman was educated at Scotch College and graduated MB BS from the University of Melbourne in 1969. After internship and Senior House Officer roles at the Royal Melbourne Hospital, he undertook ophthalmology training at the Royal Victorian Eye and Ear Hospital (1972–1973) and was awarded FRACS in 1974. He then completed postgraduate academic work as a Clinical Lecturer at the Nuffield Laboratory of Ophthalmology in Oxford and undertook further study and lecture programs in the United States. David served as a consultant at the Royal Melbourne Hospital from 1978 to 2013 and was Head of Department from 1991 to 2000.

From early in his career, David was committed to eye health in remote and under-served communities. He worked on the National Trachoma and Eye Health Project at Utopia in the Northern Territory and later became a Director of the Australian South Pacific Eye Consultant Team (ASPECT) Foundation, leading teams to Pacific nations for teaching and surgical outreach.

His College service began through conference organisation, including the national meeting in Melbourne in 1984 that hosted the first scientific research meeting. He served on the Victorian State Branch Committee (1978–1987), Federal Council (1985–1987) and the College Library Committee from 1987. He was a Part II examiner for ten years and joined the Federal Qualification and Education Committee (QEC).

In 1999, David became Chair of Continuing Medical Education, later renamed Continuing Professional Development (CPD) in 2001 following a major review. During his leadership, participation shifted from voluntary encouragement to a structured framework. A web-based audit and online data entry system was developed and a new CPD framework was introduced for the 2006–2008 triennium, when CPD reporting became a Fellowship requirement.

David became Censor-in-Chief in 2002. During his tenure, the College strengthened the quality, consistency and governance of its education system. A College Board was established in 2002 as the body responsible for corporate governance, including education and training, and as an ex-officio Board member he provided the formal link to the QEC. A major external milestone was accreditation by the Australian Medical Council: interim accreditation was followed by full accreditation in 2006, with positive findings and clear recommendations for improvement, including the desirability of microsurgery skills laboratories.

Under David's leadership, the College continued developing a structured five-year Vocational Training Program (VTP), alongside systems for CPD and for assessing Overseas Trained Specialists. The five-year VTP comprised staged progression through basic and advanced training to a final year, with advancement dependent on meeting requirements at each level. The program was supported by accredited networks and posts, strengthened selection processes, supervised training aligned to curriculum standards and comprehensive assessment through examinations and work-based assessment.

Training capacity and accreditation processes were refined. Review of projected numbers indicated the need for additional training posts, supported by government funding, and the College recognised the importance of distinguishing posts suitable for basic versus advanced training. Training post inspections moved from a five-year to a three-year cycle, supported by clearer standards to guide hospitals and the College and more objective criteria for required improvements.

Selection systems were also modernised. An occupational psychologist advised on selection methods and behavioural capabilities were identified and incorporated into assessment. Timing for registration in the National Ophthalmic Matching Program was brought forward and selection processes evolved, including integration of basic sciences into the training program.

Curriculum standards were strengthened and broadened, with additions such as Social and Professional Responsibilities, the Patient Safety Framework, the Indigenous Curriculum and Cultural Competence statements. Assessment reforms included defined examinations in core ophthalmic sciences and formative workshops in other disciplines with compulsory participation. The Part II Examination was restructured into Advanced Pathology and the RANZCO Advanced Clinical Examination (RACE), allowing staged sitting across training years.

Support for trainees and supervisors was expanded. Supervisor workshops in coaching and feedback were introduced and a new surgical logbook aligned to curriculum standards enabled clearer recording of procedural exposure and independence. Work-based assessments for each rotation strengthened feedback on clinical performance and professional behaviour. The mentor system was enhanced with a mentoring handbook, a study guide was developed and targeted support was introduced for early trainees balancing service and exam preparation. A Trainee Progression Committee was established to monitor progress, support trainees in difficulty and review research and final-year plans. Trainee engagement in governance increased through a senior trainee group participating in regional and federal meetings. Directors of Training were introduced to support QEC Chairs, and an award recognising excellence was created to acknowledge supervisors and clinical tutors.

Outside work, David enjoys saltwater fishing, photography, golf and woodwork.