

Survey of Trainees and Recent Fellows

Conducted 2004

INTRODUCTION

The Board of Censors recognises the importance of consultation when evaluating the training program and planning for future development. Increased consultation with all stakeholders is planned. As part of the consultation process, it is essential that the perspectives of trainees are accessed. To this end, all trainees have recently been surveyed about a range of issues relating to their experiences in the training program.

The Board is also interested in how well the training program prepares trainees for practice as independent dermatologists. To evaluate this, Fellows who have recently completed their training were surveyed. It was anticipated that these Fellows could provide a unique perspective due to their recent experience with both the training program and the transition to independent practice.

This report presents the findings of both surveys.

AIMS AND OBJECTIVES

The overall objective of the survey process was to identify the strengths and weaknesses of the ACD training program to inform future program development.

The survey of trainees aimed to assess current trainees' satisfaction with:

- teaching
- workload
- supervision
- assessment
- curriculum
- organisational aspects of the program

The survey of recent Fellows aimed to assess how well the training program prepares Fellows for practice. Specifically, we sought to:

- assess satisfaction with the training program
- determine the perceived relevance of the clinical curriculum
- assess the extent to which 'generic' specialist skills were taught and the perceived importance of these skills
- identify areas of the training program needing improvement

METHOD

Separate surveys were developed for each group of interest (see Appendices A and B). Surveys were kept as brief as possible. They were sent via post to all 61 trainees and 66 Fellows who had successfully completed their training in the years 2000-2003 inclusive. The surveys were to be returned via fax or post within four weeks.

Respondents were not required to identify themselves but had the option of naming the state in which they were training or in which they had trained. After four weeks trainees were emailed a reminder with an electronic version of the survey attached, which could be printed and returned by fax or post.

RESULTS

A. RESULTS OF TRAINEE SURVEY

A total of 36 trainees (59%) returned completed surveys. The respondents were distributed across the four years of training as follows:

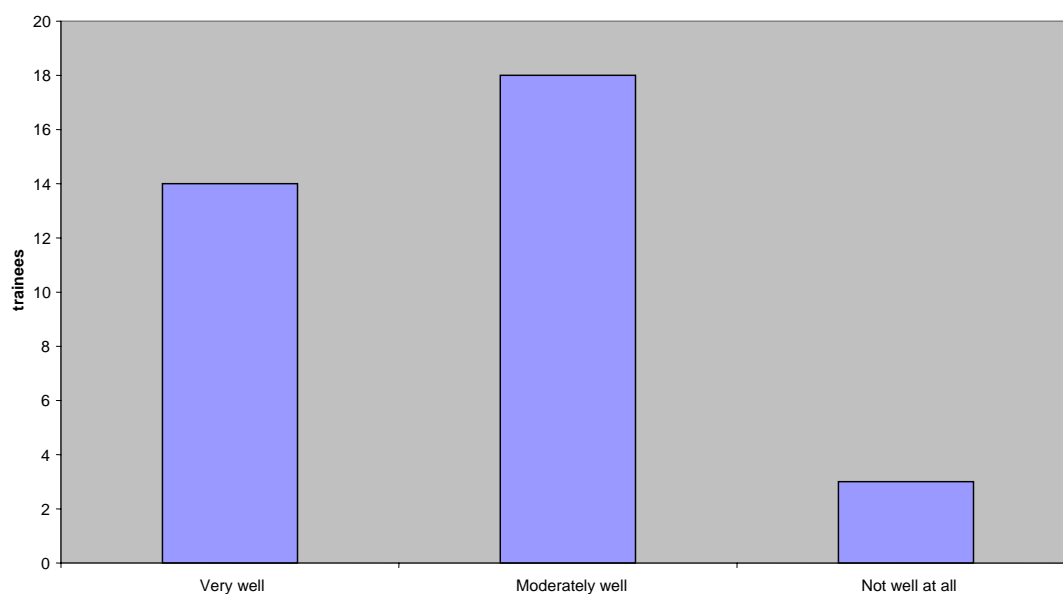
Table1. Response rate

Year of Training	No. of trainees returning survey	Percentage of year cohort	Percentage of total returned
1	11	79	31
2	12	63	33
3	6	32	17
4	7	77	19

Nine were training in NSW; 12 in Victoria; 3 in Queensland; 4 in SA; 1 in WA; and 7 preferred not to disclose their training location.

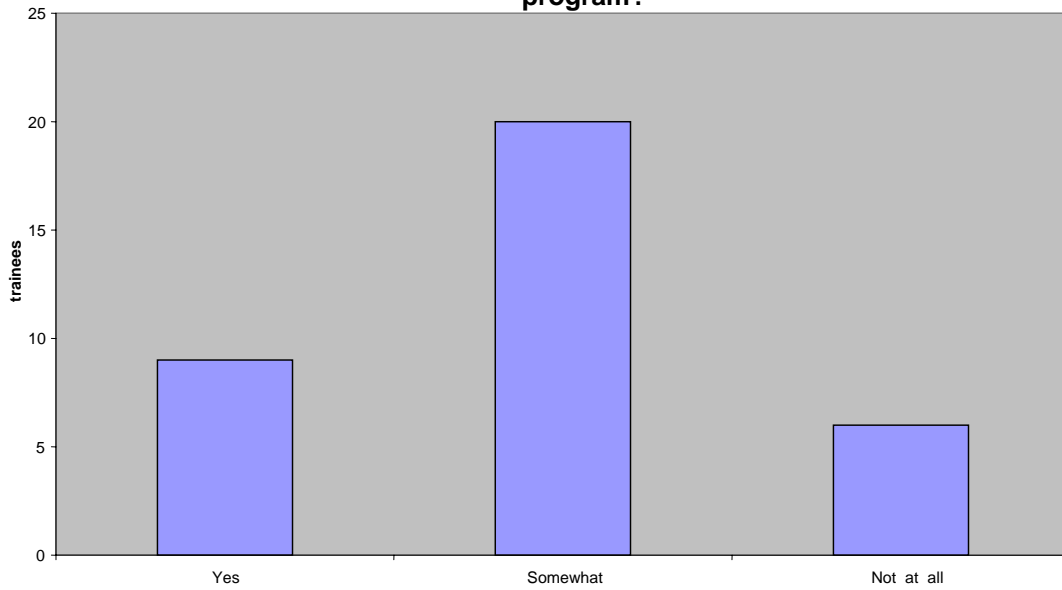
Responses to each question are outlined below.

Diagram1. How well do you think the requirements of the training program are communicated to trainees?



The Board of Censors has, in recent years, endeavoured to improve communication with trainees regarding the requirements of the training program. Whilst it is heartening to see that the majority of trainees feel that the requirements are communicated at least moderately well, the fact that only 39% of respondents feel that the requirements are communicated very well shows that there is a need for further improvement.

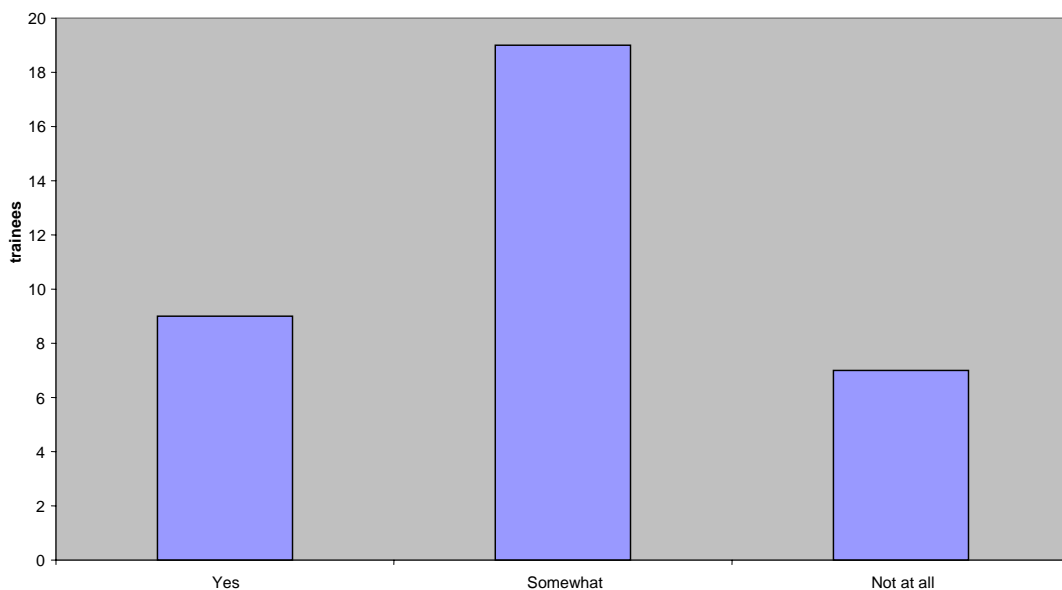
Diagram 2. Do you have adequate opportunity to give feedback about the training program?



The Board is committed to developing processes by which trainees can give feedback about the training program. The survey indicates that only 25% of respondents currently feel that they have adequate opportunity to provide such feedback. The majority (55%) feel they have *some* opportunity to give feedback. Twenty percent feel that opportunities to provide feedback are entirely inadequate.

These figures indicate that many trainees would appreciate more or better opportunities to provide their opinions about their training. By not accessing these, College may be missing out on information which could inform improvement of the training program, ensure that it operates effectively and provides training of the highest possible quality.

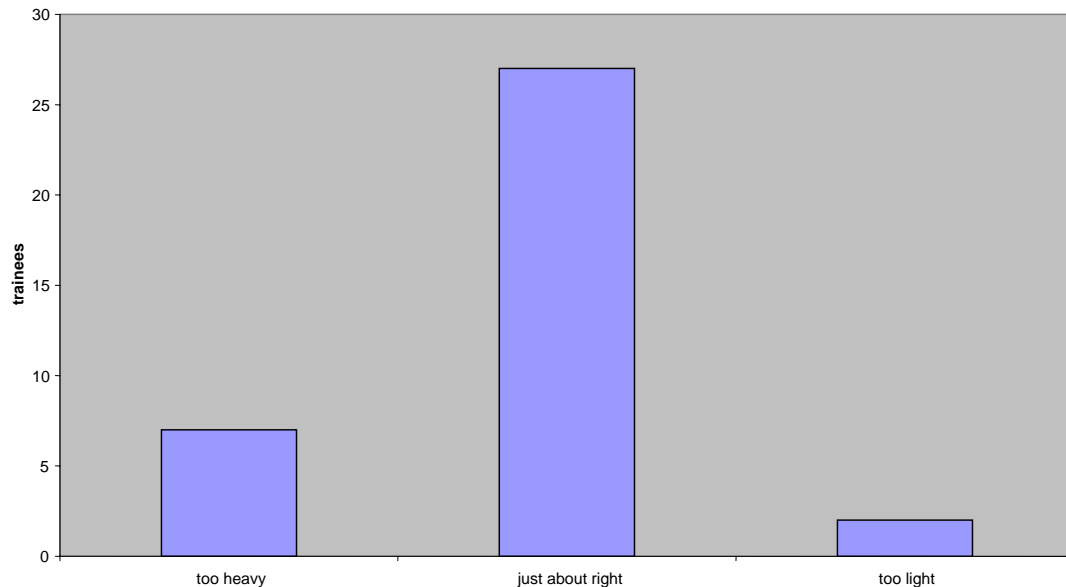
Diagram 3. Are you offered adequate career advice and support?



Trainees seem rather equivocal about the extent to which they are able to access adequate career advice and support. The majority (53%) of respondents feel they are offered *some* support and career guidance. One trainee commented:

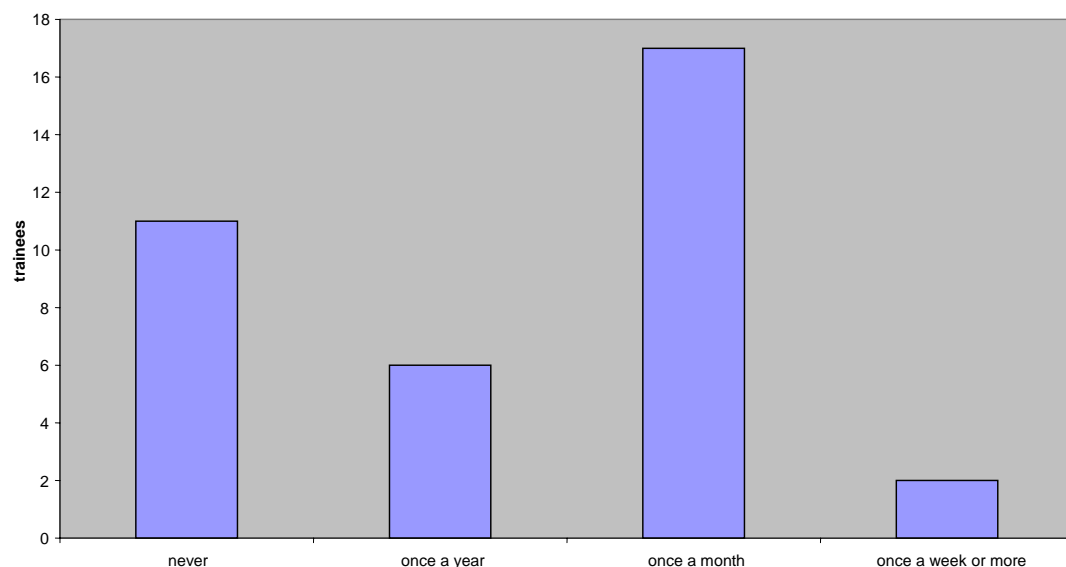
“The emphasis is on passing the part two exam. There is little guidance as to what to do beyond that.”

Diagram 4. On average, is your clinical workload:



Trainees appear to be relatively happy with their clinical workload with most (75%) respondents indicating that their workload is appropriate. However, several respondents noted that in particular rotations or particular circumstances (e.g. when a colleague is on parental leave) workloads can become excessive. There is no apparent relationship between year of training and perceptions of an excessively heavy workload.

Diagram 5. On average how often do you feel you have to manage clinical issues beyond your experience or competence?

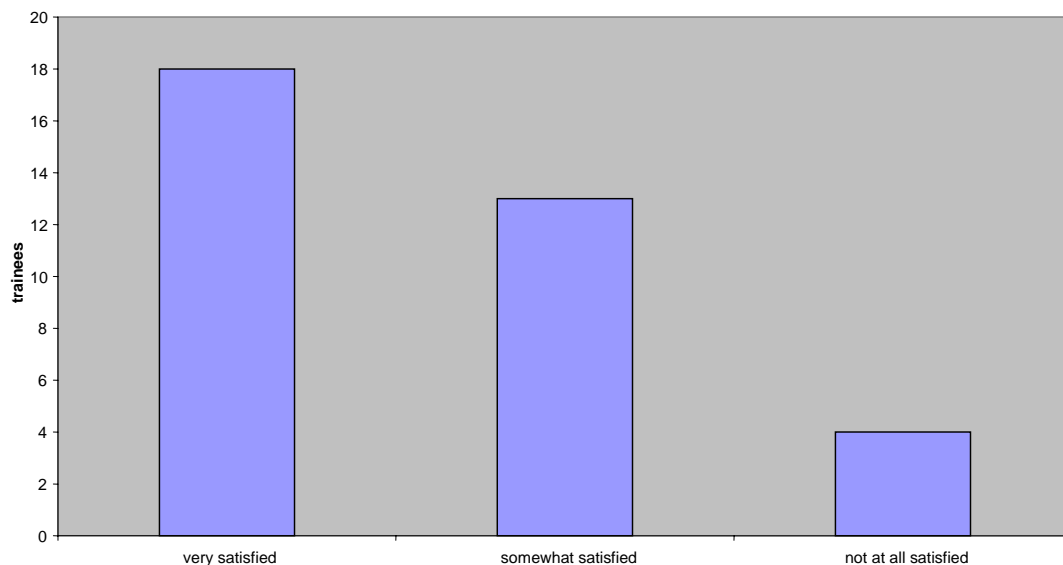


The extent to which trainees feel they have to manage clinical issues beyond their experience or competence is also of interest. Forty-seven percent of respondents said that this occurs, on average, once a month. Thirty-one percent responded that they never have to handle such issues and 5% said that this happens once a week or more.

As may be expected, there appears to be a relationship between the year of training and perceived frequency of handling these types of clinical issues, with a higher proportion of first and second year trainees indicating that they had to manage clinical issues beyond their competence once a month or more frequently, compared with trainees in later years of the program.

What is not clear from the answers to this question is whether trainees who reported having to deal with issues beyond their experience relatively frequently, did so unsupervised, or whether they were able to access consultants for guidance. In future surveys this question needs to be re-written to ensure that the question is clearer and the data obtained therefore easier to interpret.

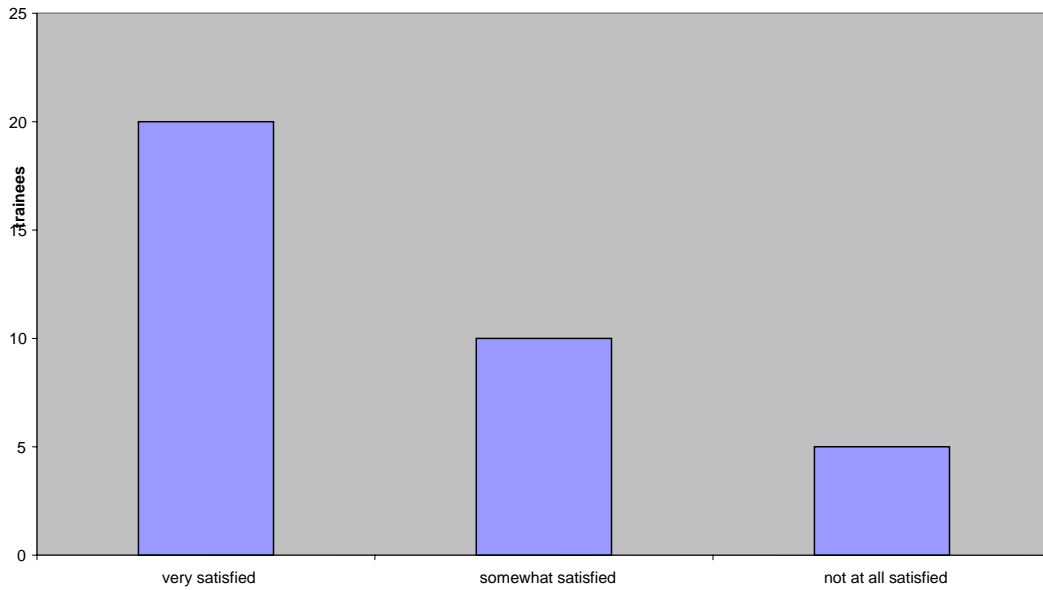
Diagram 6. How satisfied are you with the provision of formal educational activities such as tutorials, clinical meetings and conferences in your training program?



Trainees are able to access a range of formal education activities throughout their training. In many instances, the availability and format of these varies from state to state and rotation to rotation. Trainee satisfaction with these activities was quite varied, with 50% being very satisfied, 36% being somewhat satisfied and 14% being not at all satisfied.

Whilst it may be expected that this could reflect the different approaches to and provision of tutorials and clinical meetings between the states, the data in this regard is inconclusive. Alternatively, the responses may reflect differing expectations, learning styles and learning needs of individual trainees.

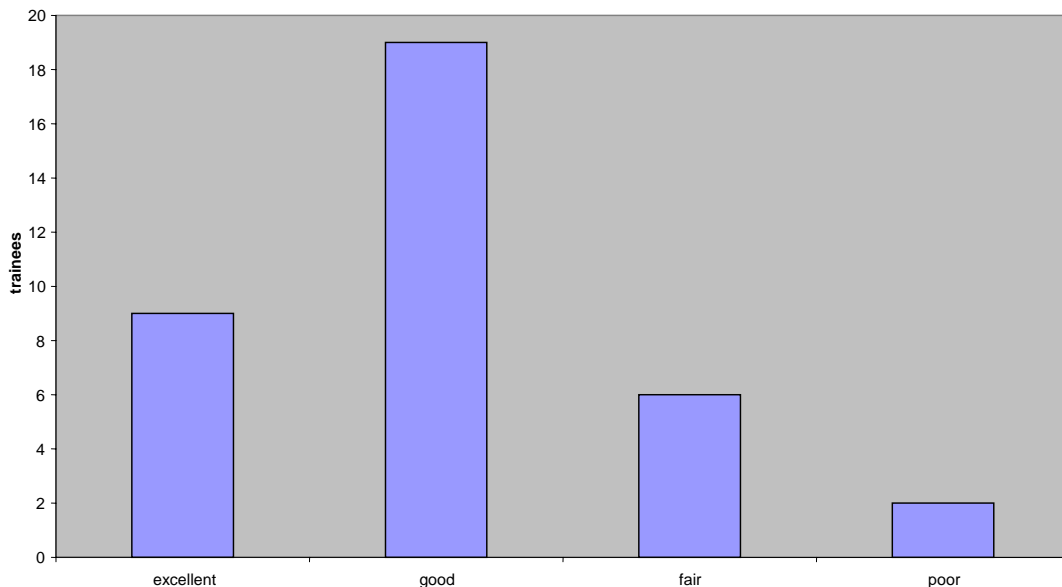
Diagram 7. How satisfied are you with the opportunities for research provided in your training program?



Trainees were asked to indicate how satisfied they are with the research opportunities in the training program. Fifty-six percent of respondents indicated that they are very satisfied. Thirty percent said that they are somewhat satisfied and 14% indicated that they are not at all satisfied.

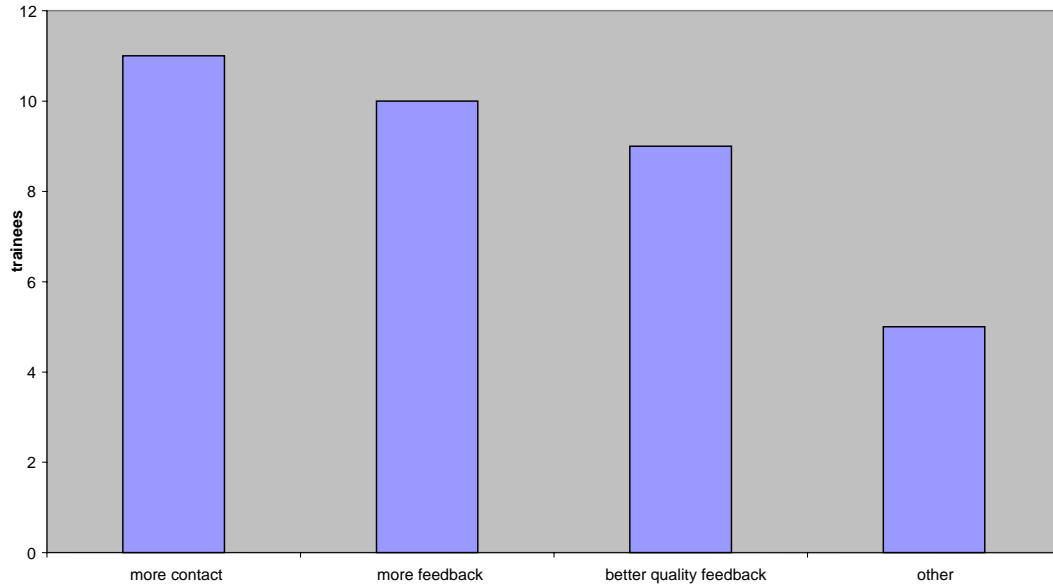
Whilst a sizeable proportion of respondents appear not entirely satisfied with research opportunities it is not possible, based on survey data, to draw further conclusions. It may be that for those with little interest in pursuing research the opportunities presented are satisfactory, but for those with more interest in research, they may be less satisfactory. This should be further investigated in the future.

Diagram 8. How would you rate the supervision in your program?



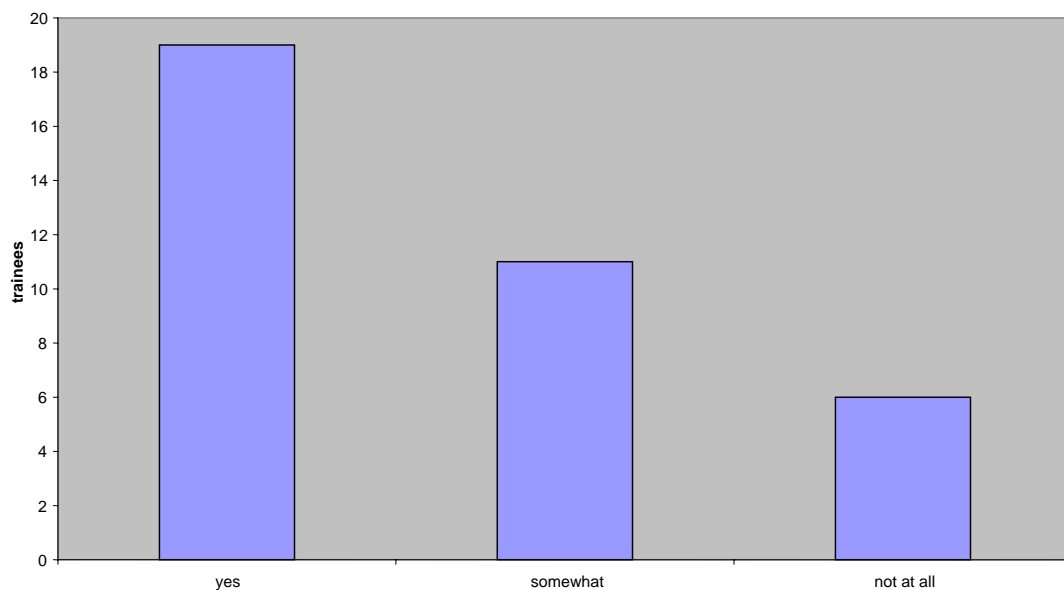
The supervision provided to trainees by Fellows of the College is the cornerstone around which training occurs and, as such, it is important to determine how satisfied trainees are with their supervision. The majority of respondents feel that their supervision is excellent (25%) or good (53%). A far smaller proportion report that their supervision is fair (17%) or poor (5%).

Diagram 9. How could supervision be improved?



Trainees were then asked how supervision could best be improved. Similar proportions of respondents indicated that more contact with supervisors (31%), more feedback from supervisors (28%) and better quality feedback (25%) are desirable. Fourteen percent indicated that there are other ways in which supervision could be improved, but they did not give specific examples. Two percent said that no improvement is required.

Diagram 10. Do you find the trainee appraisal process useful?



Trainee appraisal has been part of the assessment of trainees for a number of years. One of the main goals of trainee appraisal is to assist the trainee in their learning. Therefore, it is important to assess how useful trainees actually find this process. Over half of respondents (53%) indicated that they find the trainee appraisal process useful. However, that the remainder find it somewhat (31%) or not at all (17%) useful suggests that the process is not always working as effectively as desired.

Trainees were asked to rate how well they perceive eight broad skill areas to be taught in the training program using a five-point scale where 1 represents very well and 5 represents not at all well. These skill areas were based on those developed as part of the “Skills for the New Millennium” project conducted by the Royal College of Physicians and Surgeons of Canada¹, which is heavily referenced in the Australian Medical Council’s standards for accreditation of specialist medical education and training programs. Diagrams 11-18 show the responses to these questions:

Diagrams 11 - 18. How well do you think the following areas are taught in the training program?

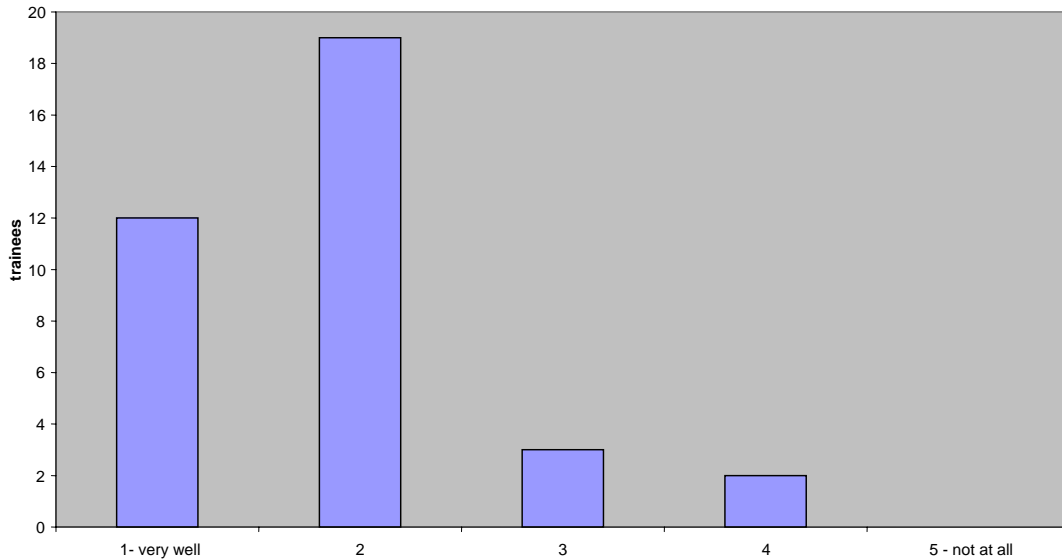


Diagram 11. clinical dermatology skills

¹ Annals RCPSC Vol 29 No 4 pp 207-216 “Skills for the New Millennium”.

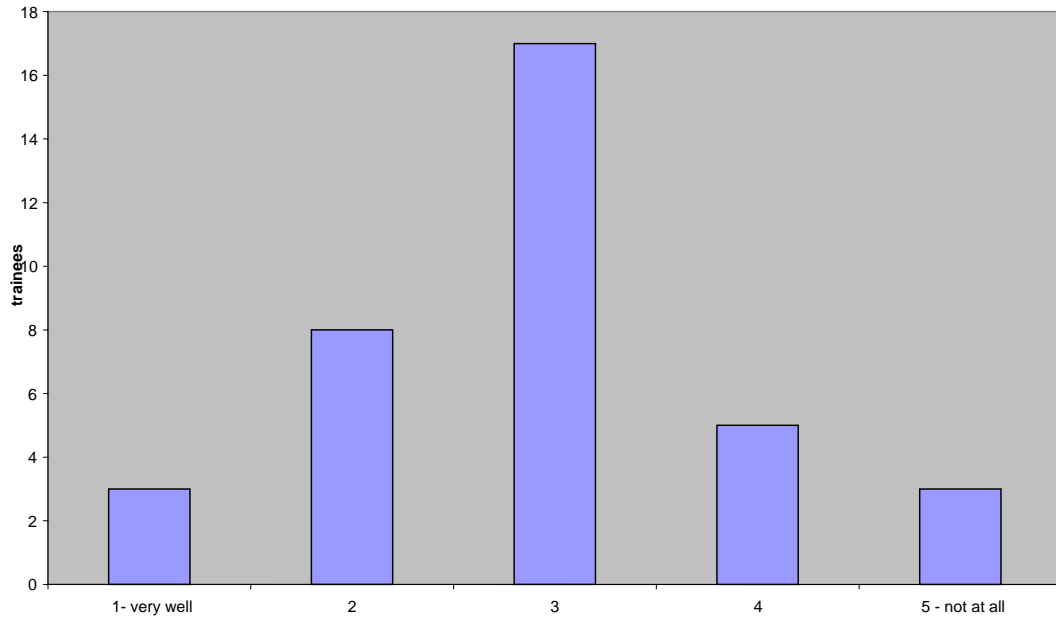


Diagram 12. communication skills

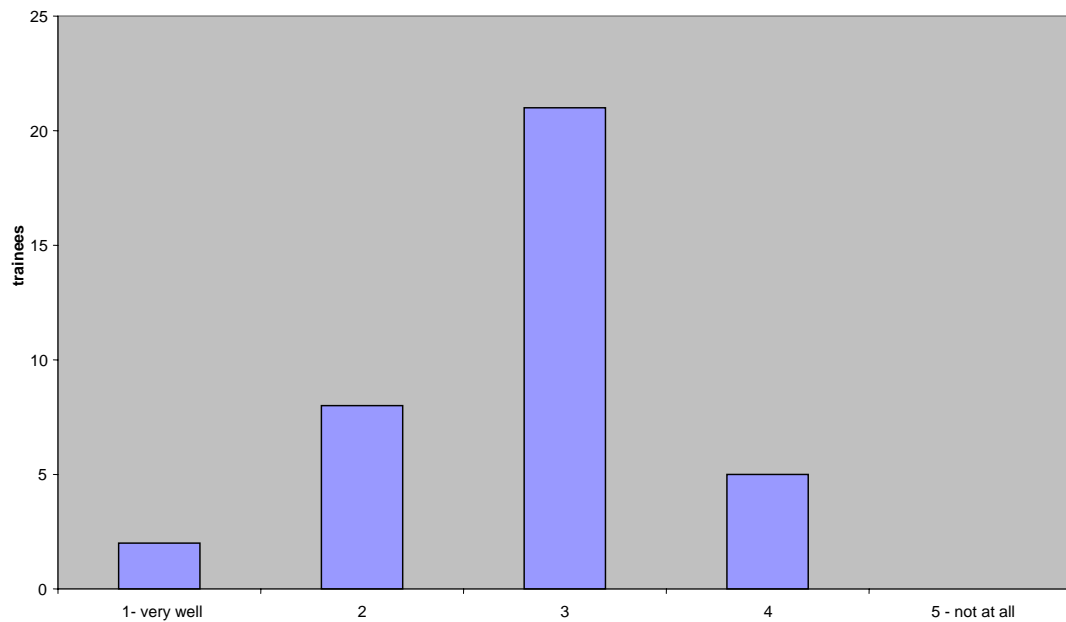


Diagram 13. collaboration with other medical professionals

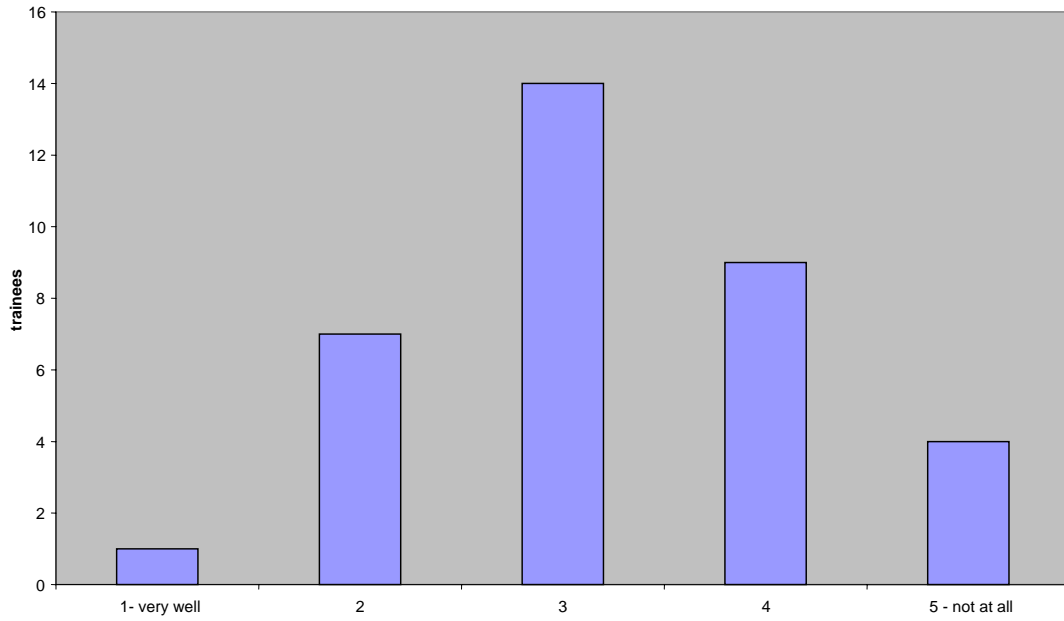


Diagram 14. teaching skills

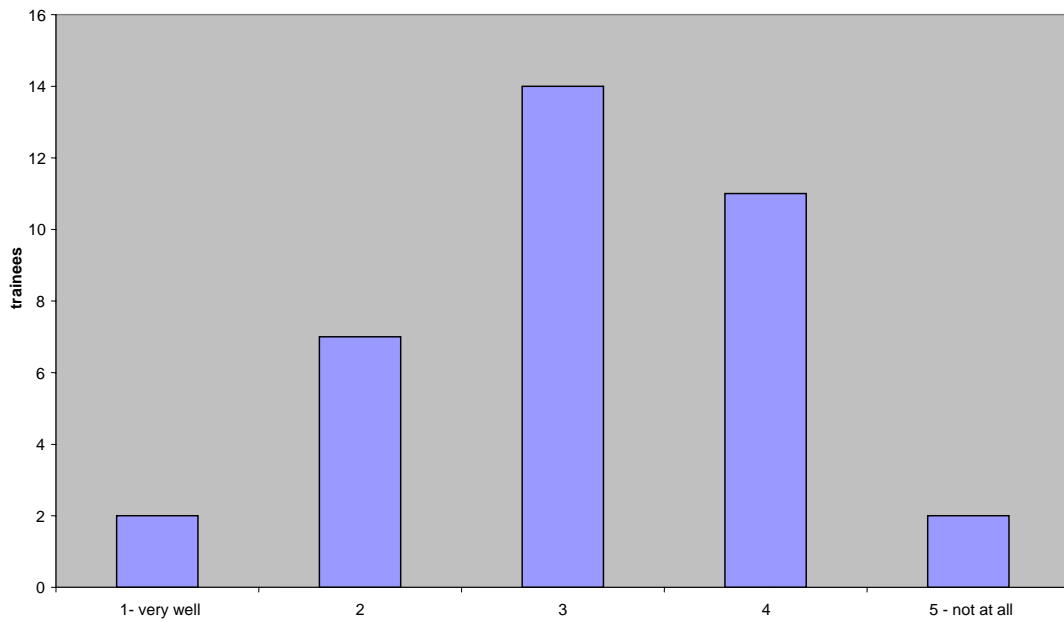


Diagram 15. critical appraisal of literature

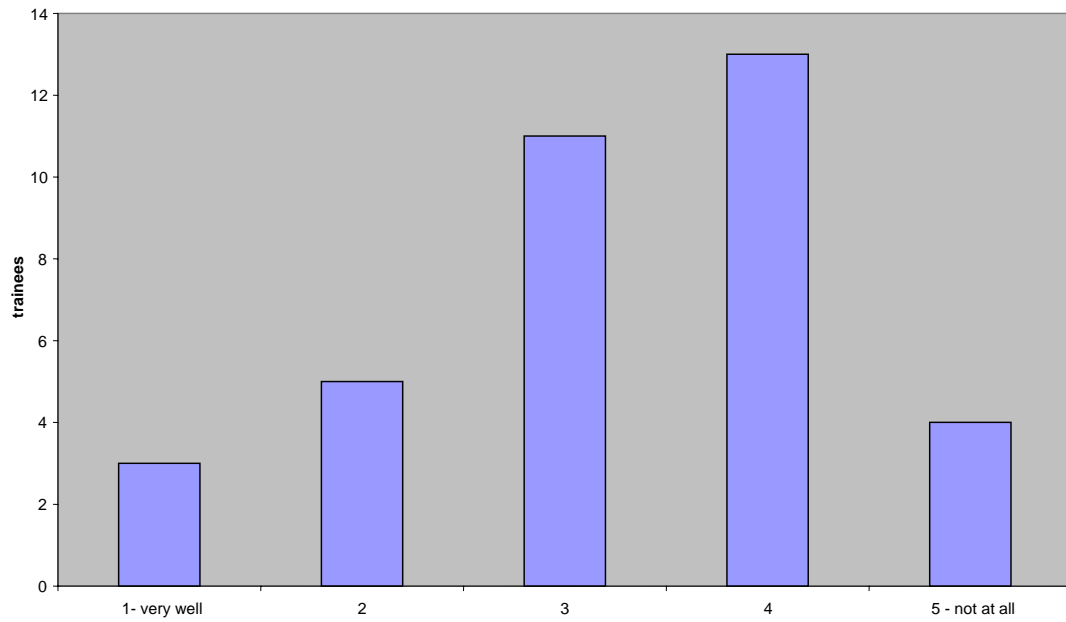


Diagram 16. research skills

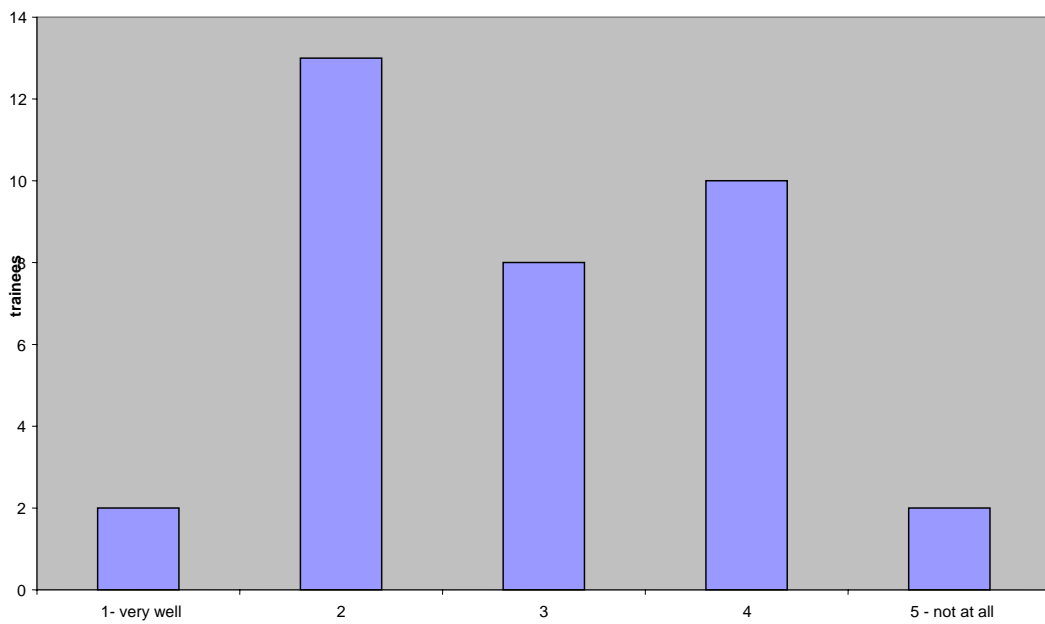


Diagram 17. medical ethics

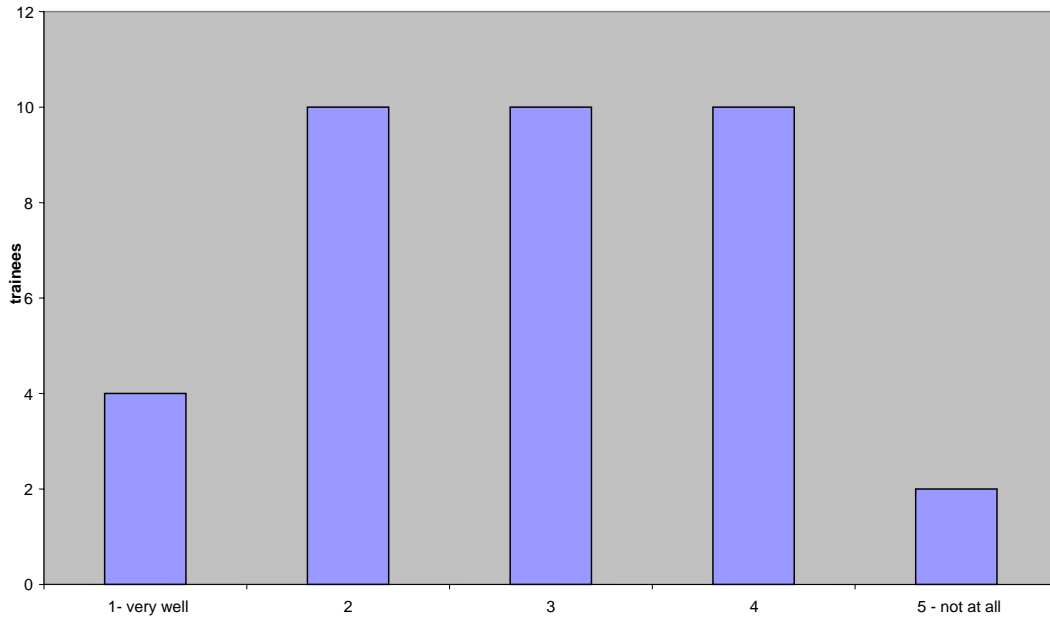


Diagram 18. medico-legal issues

The results indicate that trainees generally perceive clinical dermatology skills to be taught well, with 86% rating them 1 or 2 on the five-point scale. However, they perceive many of the other more generic skills to be less well taught. Only 22% rated research skills as 1 or 2 on the five-point scale; 30% gave these ratings for communication skills; 28% for collaboration with other medical professionals; 25% for teaching skills; 30% for critical appraisal of literature; 45% for medical ethics and 39% for medico-legal issues.

Program strengths

At the conclusion of the survey, respondents were given the opportunity to indicate what they perceive to be the best features of the training program. A full list of these comments is given in Appendix C. Whilst the comments were quite broad ranging, the strengths most commonly mentioned related to formal educational opportunities, quality clinical opportunities and high quality supervision.

Formal educational opportunities

Many trainees listed formal educational activities such as tutorials, clinical meetings, registrar training days, and the biennial training conference as particular strengths of the program. Several trainees commented on the value of histopathology tutorials.

Quality clinical opportunities

Many respondents wrote that the clinical training opportunities in the program are of high quality. Specifically, they appreciate the exposure to a variety of clinics and clinical material, wide range of patients, opportunity to see challenging dermatological problems, and the system of rotating through different departments/hospitals which allows better exposure to dermatological conditions and different consultants' approaches to management.

High quality supervision

A number of trainees commented positively on the input of College Fellows into their training. They feel that approachable and enthusiastic supervisors who provide high

quality teaching, not just in the clinical setting but also out of hours, are an important asset of the program.

Other aspects of the program on which favourable comments were made, include the availability of a mix of posts – private, public, regional, international, research areas; the opportunity to be involved with clinical trials; and surgical exposure and training.

Areas for improvement

Trainees were also asked to indicate which aspects of the training program could be improved. An analysis of responses is provided below and all responses are given in Appendix D.

Formal educational activities

Many trainees requested a more structured and regular program of tutorials, as well as development of other education resources which are based in the curriculum. One trainee wrote that there is a:

“...need to establish a core curriculum and have resources (e.g. lectures, notes, slides, CD-Rom, etc.) to impact this curriculum. Currently we learn by clinical exposure..... in an ad hoc fashion.”

It was also noted that it should be ensured that all trainees can attend educational activities. A trainee commented that there should be:

“...more opportunities to attend monthly meetings which in some departments is near impossible (you almost feel guilty about doing this in some departments).”

Content

Some trainees feel that they do not get sufficient exposure to some aspects of dermatology in the training program:

“[There is].....no exposure to laser, cosmetic procedures as part of formal program despite expectation that we are to be competent in these on completion of the program.

Others felt that more attention needs to be given to ensuring that trainees in certain training programs get sufficient exposure to all aspects of the curriculum:

“[there needs to be]more exposure to surgery/physical procedures at XXXXX Hospitals, eg. if necessary, with a rotation for 1-2 days to a private practice. (Some registrars will find it difficult to complete their logbook requirements).”

Conflict between education and service commitments

A number of trainees referred to difficulties in meeting expected service commitments whilst still being able to access appropriate educational opportunities. The volume of work in some rotations appears to detract from the time for consultants to teach trainees.

Comments included a desire for:

“More teaching hospital clinics which are often heavily overbooked, compromising teaching.”

“More teaching on ward rounds (tend to be rushed).”

“Less heavy outpatient lists so that you can sit in with consultants – more time to be quizzed closer up to the exam.”

As previously noted, in some particularly busy rotations trainees may also feel unable to attend scheduled formal education activities.

Feedback

A number of trainees indicated that they would like more and better quality feedback about their performance. Comments indicated that, despite its integration into the process, trainees may not always receive feedback on their appraisals.

“I would appreciate feedback, i.e. going through the appraisal form to ensure I am on the right track.”

“I was frankly denied formal feedback by my Chief supervisor in 3rd year. When I requested some, he threatened (jokingly) to downgrade my performance rating.”

“Many times over the four years of training, I have not seen nor signed the trainee assessment forms. Many times I have been coerced to sign the forms....”

Less emphasis on exam

Many trainees suggested that there should be less emphasis on a single final examination and more ongoing assessment during training. One trainee wrote:

“A better approach would be to have regular assessments throughout the training program which contribute equally to the overall evaluation of a candidate. If a candidate shows a consistent level of competence throughout this period, then they should be deemed worthy of a final pass. This would reduce the risk of having a ‘bad day’ on exam day which could result in an undeserved failure.”

More training in private practice issues

A number of trainees felt that the training program should incorporate some form of training in the skills needed for private practice. One trainee suggested:

“...formal rotation to consultants’ private rooms for a period to give insight into private practice and to teach procedures not often done in public hospitals”.

Clarification of fifth year

Several trainees in the five year program voiced their concern that the fifth year has not been adequately explained:

“For more junior registrars the fifth year of training remains an unknown. The College in my opinion needs to be more transparent with options to be considered for the fifth year....”

A wide range of other issues were raised by smaller numbers of trainees: clearer core curriculum; review of prescribed texts; more supervision of procedures, especially in early years; more opportunities/locations for part-time training; more active role for trainees in tutorials; more information on the trainee area of the website; and a more active role for trainees in College committees.

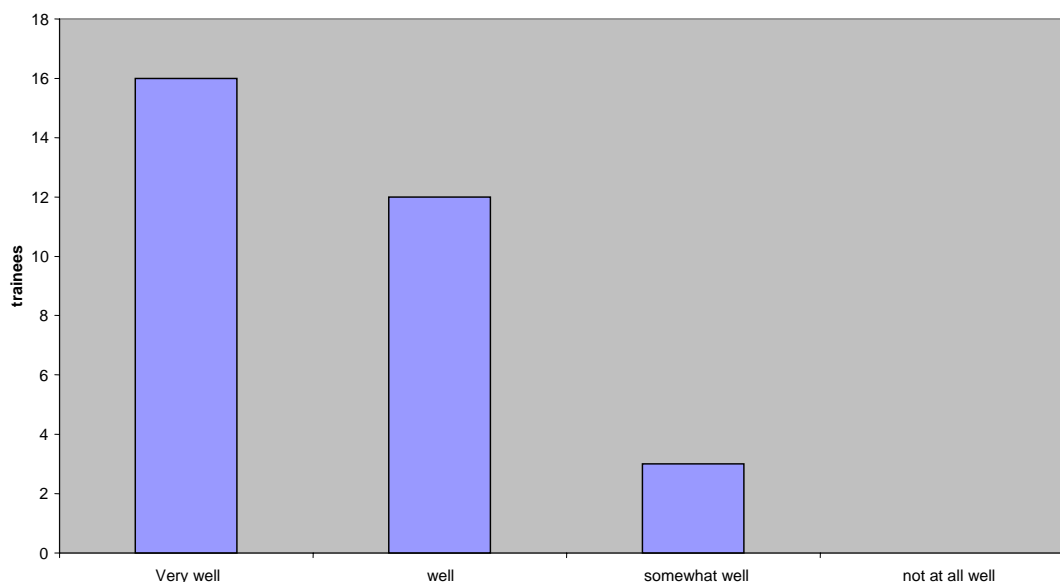
B. RESULTS OF SURVEY OF RECENT FELLOWS

A total of 32 (49%) Fellows who completed their training in 2000-2003 returned completed surveys. Respondents had completed their training across all Faculties –

9 in NSW, 8 in Victoria, 8 in Queensland, 2 in SA and 2 in WA. Three preferred not to disclose the state in which they trained.

Results for each survey question are outlined below.

Diagram 19. How well did the training program prepare you for the clinical aspects of your practice?



It is encouraging to note that almost all (91%) of respondents feel that the training program prepared them well or very well for practice.

The Fellows were asked whether any aspects of the clinical curriculum at the time they trained have proven not to be relevant to their practice as dermatologists. Forty-seven percent of respondents said that all aspects of the clinical curriculum are relevant to their practice. Of the 17 respondents who replied that there were aspects of the clinical curriculum which are not relevant, a range of areas were nominated:

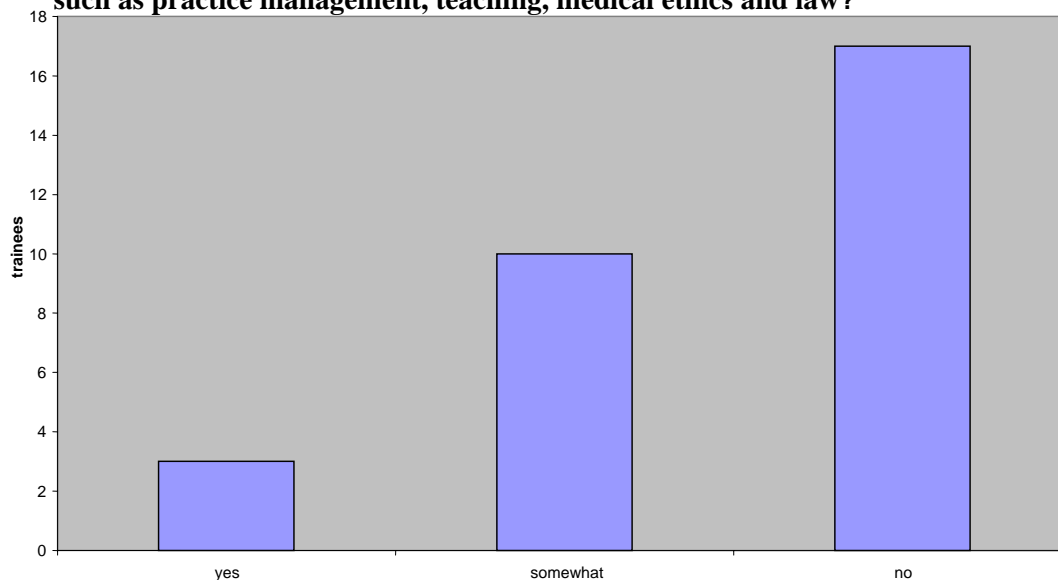
- radiotherapy (13 respondents)
- cosmetic procedures (3 respondents)
- some aspects of the pharmacology curriculum (2 respondents)
- most advanced surgery (1 respondent)

The Fellows were also asked whether they believe that there are any clinical areas which should be given greater emphasis in the training program in order to better prepare trainees for practice. Sixty-two percent nominated areas they believe require more emphasis:

- Procedural dermatology (2 respondents)
- Cosmetic dermatology (4 respondents)
- Increased exposure to MOHs (1 respondent)
- More uniform exposure to physical therapies (1 respondent)
- Common mild conditions commonly seen in private practice but not often in public hospitals (6 respondents)
- Surgery (3 respondents)

It is interesting to note that cosmetic dermatology and surgery are nominated as both areas of training not relevant to practice and areas requiring more attention. This probably reflects the differing interests and practice areas of respondents.

Diagram 20. Did the training program prepare you for the broader areas of practice such as practice management, teaching, medical ethics and law?



Since the AMC accreditation process emphasises the need for specialist training programs to provide training not just in the discipline specific clinical aspects of the speciality but in the broader skills needed for effective practice by all specialists, the Fellows were asked whether they felt their training had given them adequate knowledge and skill in these areas. Only 9% responded that they were fully prepared for these aspects of practice as a specialist and 53% felt that they definitely were not.

Seventy-five percent of respondents indicated that more training in some of these areas would have been useful. The remaining 39% felt that they were somewhat prepared. A large proportion (69%) indicated that more training in practice management would have been useful. Aspects of practice management mentioned specifically included setting up practice, billing, HIC compliance, item numbers, medical indemnity issues, OH&S issues, accounting, staffing and risk management. Other areas in which respondents would have liked more training were:

- Medico-legal issues (5 respondents)
- Teaching/public speaking (4 respondents)
- Dealing with difficult patients (2 respondents)
- How to deal with the media (1 respondent)

The Fellows were asked to rate how satisfied they were with the supervision, assessment, formal teaching and support/career guidance during their training using a five-point scale where 1 represents 'very satisfied' and 5 represents 'not satisfied at all'. Results are illustrated in Diagrams 21-24.

Diagram 21. Reflecting back on your training, how satisfied were you with your supervision?

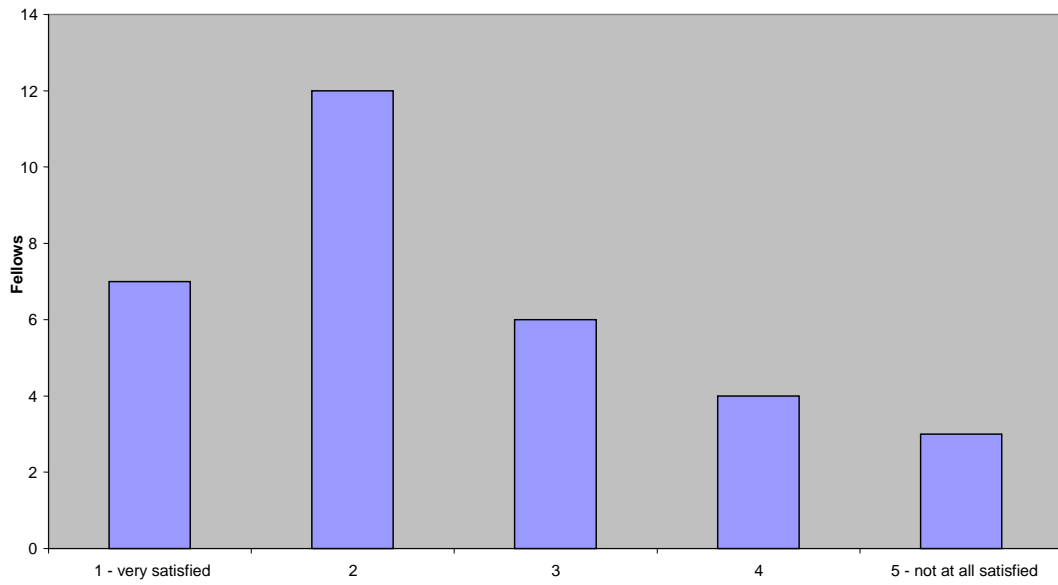


Diagram 22. Reflecting back on your training, how satisfied were you with assessment methods?

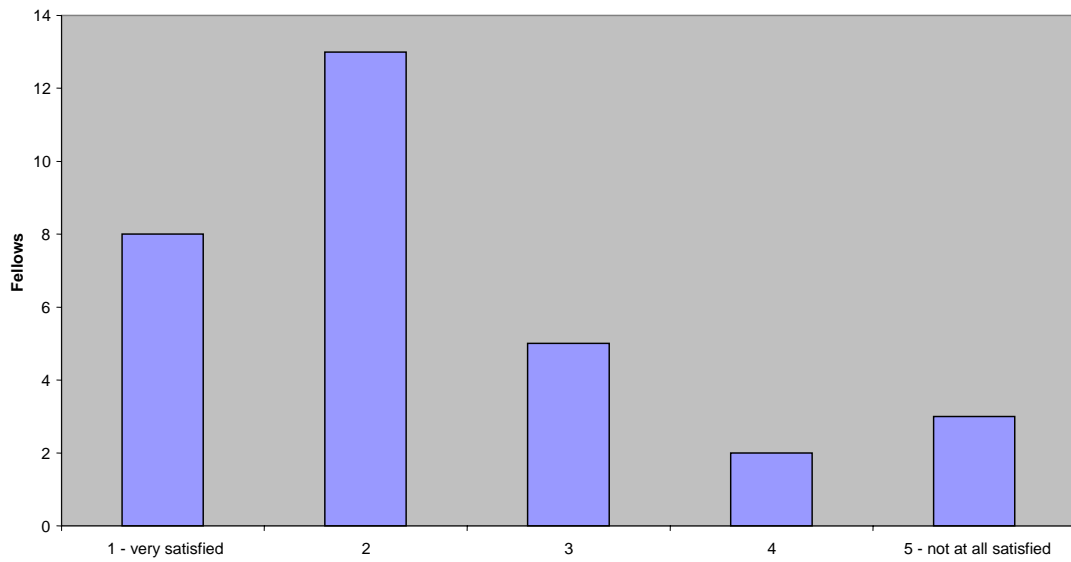


Diagram 23. Reflecting back on your training, how satisfied were you with formal teaching?

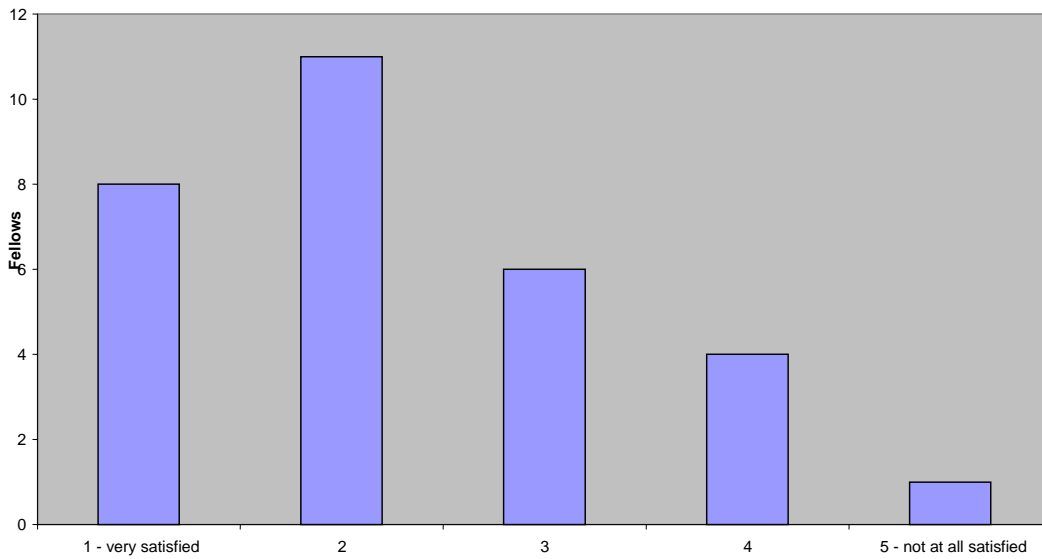
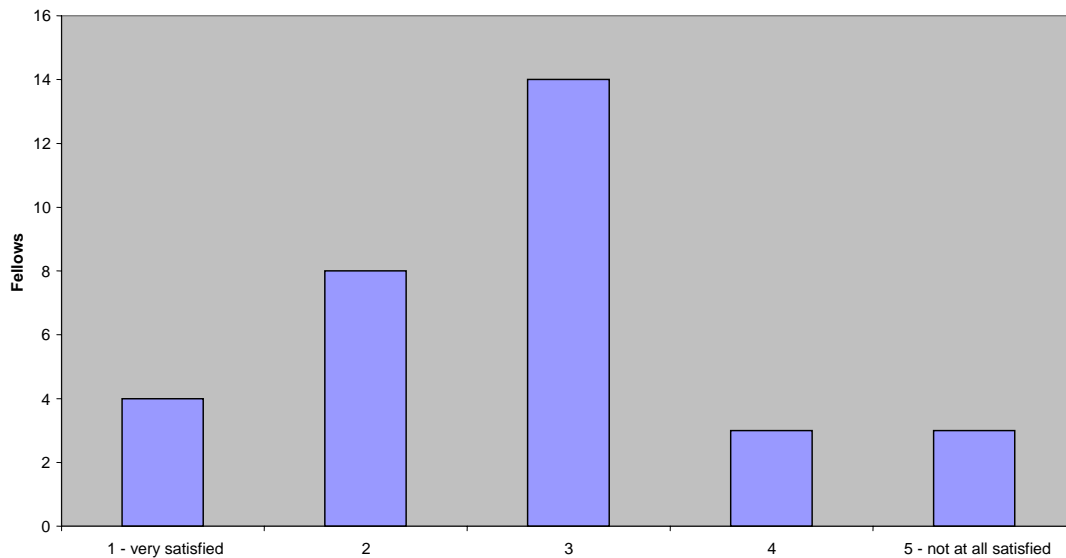


Diagram 24. Reflecting back on your training, how satisfied were you with the support and career guidance offered to you?



Respondents generally indicated that they were reasonably satisfied with supervision, assessment and formal teaching, with over half rating their satisfaction as either 1 or 2 on these aspects of training. However, it must be noted that there were still a considerable number of trainees who indicated that they were less satisfied with their experience in these areas during their training. Respondents were also generally less satisfied with support and career guidance with only 38% rating their satisfaction as 1 or 2 in this area.

Finally, the recent Fellows were asked what changes or improvements, if any, they would suggest to make the training program more relevant to the reality of practice as a dermatologist. The responses to this are given in full in Appendix E.

The most common suggestion was to provide more training relating to private practice. This included both what to expect in private practice in terms of clinical conditions commonly presenting and practical aspects such as staffing, Medicare, equipment costs, and accounting. Some suggested attachments to private practice as a way of gaining this knowledge:

“Trainees should spend a few days attached to a few different private practices to gain more insight into what private dermatology practice is.”

One respondent suggested “more rural private practice – the best part of my training!”

Others thought that a formal educational activity could provide the necessary information:

“An introduction to private practice following the Fellowship exam would have been useful.”

However another respondent noted: “Private practice training I disagree with.”

Many respondents also commented on the examination process. A number suggested more progressive assessment thorough our training and less emphasis on exit exams, as well as more clinically oriented examinations requiring less rote learning.

Other suggestions included: reduce variation between states and rotations; improve tutorials/formal teaching; review current texts; allocate more time to consults in hospital; more surgical supervision early in training; more advanced surgical training; more emphasis on teaching dermatologists to teach; pay more attention to the opinions of trainees; more teaching and testing of the commonest clinical problems in private practice; keep pace with rapid changes in market e.g. PDT, solar scanners; teach risk reduction strategies; and teach how to manage difficult patients and mistakes in private practice.

DISCUSSION & RECOMMENDATIONS

The survey results provide the Board of Censors with a valuable resource. They give an indication of the areas of strength and weakness of the training program and highlight areas in which more information is needed in order to fully evaluate the program.

Responses from both trainees and recent fellows suggest that the training program provides quality training in clinical dermatology and generally prepares trainees well for practice in this regard. However, they also suggest that there are elements of the clinical curriculum which may require closer attention, such as exposure to clinical conditions most commonly encountered in private practice but less commonly seen in teaching hospitals.

The AMC will review the extent to which the knowledge, skills and professional qualities that should be common to trainees in all specialties are incorporated into the training program. These are commonly known as the ‘generic competencies’ and are outlined below:

ROLES	KEY COMPETENCIES
	The specialist must be able to.....

Communicator	<ul style="list-style-type: none"> - establish therapeutic relationship with patients/families - obtain and synthesise relevant history from patients/families/communities - listen effectively - discuss appropriate information with patients/families and the health care team
Collaborator	<ul style="list-style-type: none"> - consult effectively with other physicians and health care professionals - contribute effectively to other interdisciplinary team activities
Manager	<ul style="list-style-type: none"> - utilise resources effectively to balance patient care, learning needs, outside activities - allocate finite health care resources wisely - work effectively and efficiently in a health care organisation - utilise information technology to optimise patient care, life-long learning, other activities
Health Advocate	<ul style="list-style-type: none"> - identify the important determinants of health affecting patients - contribute effectively to improved health of patients and communities - recognise and respond to those issues where advocacy is appropriate
Scholar	<ul style="list-style-type: none"> - develop, implement and monitor a personal continuing education strategy - critically appraise sources of medical information - facilitate learning of patients, trainees/students and other health professionals - contribute to development of new knowledge
Professional	<ul style="list-style-type: none"> - deliver highest quality care with integrity, honesty and compassion - exhibit appropriate personal and interpersonal professional behaviours - practise medicine ethically consistent with obligations of a physician

Table 1. Essential Roles of Medical Specialists. Adapted from Societal Needs Working Group. CanMEDS 2000 project. "Skills for the new millennium". Annals of the Royal College of Physicians and Surgeons of Canada 1996; 29:206–16.

Responses to the surveys indicate that, on the whole, these competency areas are less well taught than are clinical dermatology skills. Generally, it is expected that they are gained in prior medical education or through experiential learning during the program. To perform well in the AMC accreditation review, it is essential that College is able to demonstrate that these skills are taught, learned and assessed. There is the opportunity to teach these skills more formally at the biennial training conference or during the ASM. A number of Colleges require trainees to attend (and pay for) training courses in a range of generic skills. For example RANZOG trainees must attend a communication skills workshop, and RACS trainees a critical appraisal workshop.

A number in both groups of respondents indicated that training in the rudiments of private practice would enhance the value of the training program. College is already seeking to provide more training in this area:

- There are several training programs which include a rotation to accredited private practices and these have been well-received by both trainees and consultants in the practice.
- Two sessions relating to private practice were held at the Biennial training conference this year.
- It has currently being proposed that Senior Trainees in their fifth year of training may choose to spend some time in private practice.

It appears that there are a number of aspects of communication between College and trainees which could be improved. College needs to ensure that trainees have an adequate understanding of the requirements of the program and that they are able to access this information when needed. There should also be better provision of information regarding post-Fellowship options for trainees. In addition, College

needs to improve methods of obtaining feedback about training from trainees. A number of steps have already been taken towards this: this survey; the planned formation of a trainee representative group; and inviting a trainee to attend relevant sections of the Council meeting.

The survey suggests that in some positions there remains a difficulty for trainees to meet service provision commitments whilst accessing educational opportunities. Whilst the Board acknowledges that this is a difficult balance to achieve it is essential that trainees have the opportunity to meet their educational needs. When accrediting positions, the Board should pay particular attention to workloads and proactively address those positions which are excessively busy and impact significantly on trainees' ability to attend educational activities. In such circumstances, College needs to lobby for their improvement with the Heads of Departments and relevant hospital bodies.

Varying levels of satisfaction with tutorials suggests that quality may vary from faculty to faculty. It has been suggested that there could be a national program of tutorials, with trainees from each state linked by videoconference and expert Fellows from around the country presenting. This would reduce the workload for faculties who currently duplicate tutorials, and ensure a more uniform experience for all trainees regardless of faculty. The logistics of this concept require further investigation.

Whilst both trainees and recent Fellows were generally fairly satisfied with their supervision, the fact that relatively few were very satisfied suggests that there is room for improvements in this regard, particularly in the provision of quality feedback to trainees. College is already attempting to facilitate this with the provision of training workshops for supervisors and in the process of developing more written support materials for them. However, this also requires a commitment from very busy supervisors and heavily booked dermatology departments. College should actively lobby for Supervisors of Training to regularly be given dedicated time to provide trainees with quality feedback which is difficult in a rushed corridor consultation. In addition, anecdotal evidence suggests that some supervisors do not have a solid understanding of the requirements of the program for their trainees, or the responsibilities of their position as supervisors. It is crucial that this be addressed.

Interestingly, recent fellows indicated that they were relatively satisfied with assessment during their training whilst a number of current trainees expressed dissatisfaction with the summative assessments, suggesting a series of in-training summative assessments rather than overarching final exams. Whilst the Board of Censors recognises the flaws of the final exam process, currently the limited resources of the College means that the provision of valid and reliable ongoing in-training summative assessments as an alternative to the Fellowship exams would be unfeasible. However, there may be time in the future when changes to the current system are feasible.

Only around half of the trainees indicated that formative assessment using the trainee appraisal process is useful. This process was reviewed in 2004 and a new model will be trialled in 2005. It is essential that for the process to be effective both trainees and supervisors need to be aware its objectives and to be committed to the process. As part of the evaluation of the trial both trainees and supervisors will be consulted.

Finally, the results of the survey emphasise the urgent need to clarify the requirements of the fifth year of training. Council has recently established a taskforce

to gather the required data and present recommendations to the third Council meeting.

APPENDIX A



TRAINEE SURVEY 2004

1. In what year of training are you? _____

2. In which state are you training? (optional) _____

3. Overall, how well do you think the requirements of the training program are communicated to trainees?
 very well moderately well not well at all

4. Do you have adequate opportunity to give feedback about the training program?
 yes somewhat not at all

5. Are you offered adequate career advice and support?
 yes somewhat not at all

6. On average, is your clinical workload:
 too heavy just about right too light

7. On average, how often do you feel that you have to manage clinical issues beyond your experience or competence?
 never once a year once a month once a week or more often

8. How satisfied are you with the provision of formal educational activities such as tutorials, clinical meetings and conferences in your training program?
 very satisfied somewhat satisfied not at all satisfied

9. How satisfied are you with the opportunities for research provided in your training program?
 very satisfied somewhat satisfied not at all satisfied

10. How would you rate the supervision in your program?
 excellent good fair poor

11. How could supervision best be improved? (tick one response only)

- more contact with supervisors
- more feedback
- better quality feedback
- other (please specify) _____

12. Supervisors regularly assess trainee performance using the trainee appraisal forms, a summary of which you discuss with your Head of Department. Do you find this process useful?

- yes
- somewhat
- not at all

13. How well do you think the following skill areas are taught in the training program?

	Very well at all				not
Clinical dermatology skills	1	2	3	4	5
Communication skills	1	2	3	4	5
Collaboration with other med professionals	1	2	3	4	5
Teaching skills	1	2	3	4	5
Critical appraisal of literature	1	2	3	4	5
Research skills	1	2	3	4	5
Medical ethics	1	2	3	4	5
Medico-legal issues	1	2	3	4	5

14. In your opinion, what are the best features of the training program?

15. How do you think the training program could be improved?

APPENDIX B



SURVEY OF RECENT FELLOWS 2004

1. In what year did you pass your ACD Fellowship exams? _____

2. In which state did you train? (optional) _____

3. How well did the training program prepare you for the clinical aspects of your practice?

- very well
 well
 somewhat well
 not at all well

4. Were any aspects of the clinical curriculum not relevant to your practice?

- no
 yes (please specify)
-
-

5. In your opinion, are there any clinical areas that should be given greater emphasis in the curriculum in order to better prepare trainees for practice?

- no
 yes (please specify)
-
-

6a. Did the training program prepare you for the broader areas of specialist medical practice such as practice management, teaching, medical ethics and law?

- yes somewhat no

6b. Would more training in any of these areas have been useful?

- no
 yes (please specify in what areas you would have liked training)-
-
-

7. Reflecting back on your training, how satisfied were you with:

	very satisfied			not satisfied at all	
Supervision	1	2	3	4	5
Assessment	1	2	3	4	5
Formal teaching	1	2	3	4	5
Support/career guidance	1	2	3	4	5

8. What changes/improvements, if any, would you suggest to make the training program more relevant to the reality of practice as a dermatologist?

PLEASE FAX COMPLETED SURVEY TO 02 9816 1174 OR POST TO PO BOX 2065, BORONIA PARK, 2111.

APPENDIX C

TRAINEE COMMENTS

Best features of the training program

Good exposure to variety of clinics.

Good exposure to Clinical Dermatology.

Annual Scientific Meeting.

Wide variety of clinical material exposed to on day to day basis.

Surgery.

Close contact with many supervisors.

Working in variety of settings.

Clinical exposure and training.

Skin School.

Clinical meetings.

Interesting patients.

Approachable supervisors who are keen to teach.

Great tutorials – histopath/clinical/didactic, etc.

Great range of outpatients.

Interesting patients with challenging dermatological problems.

Rotational system to different hospitals offers opportunity to work with different registrars and consultants, thus widening breadth of exposure to different approaches and styles.

Willingness of consultants to offer after hours teaching time.

Regular histopathology teaching.

Regular clinicopathologic correlation sessions.

Regular clinical meetings.

Morphology/Description tutorials for 1st/2nd years.

Virtual/cyber long cases done to exam conditions.

Enforced textbook reading for tutorial preparation.

Opportunity for OS training, eg. UK.

Clinical exposure under expert supervision.

Well organised, regular tutorials.

Enthusiastic and interested supervisors.

The clinical teaching, subject tutorials, histopath tutorials, surgical tutorials, good mix of supervised and semi-supervised surgical sessions.

I also appreciate the encouragement (requirement) to attend all clinical meetings, eg. Problem clinics, ASM.

The rural attachments are vary valuable in WA, not just to see the spectrum of dermatology in clinics but to truly appreciate the logistics involved in country patients.

Mix of posts – private, public, regional, international, research areas.

Opportunity to travel to rural centres with consultants.

Involvement with clinical trials.

Tutorial series (though may need a shorter recess)

Histopathology teaching, particularly from Sullivan and Nicaloides.

Close contact with consultants at several sites.

Training conferences organised by College.

Rotation system each year to ensure exposure to all aspects of dermatology by the end of training.

Happy with the progress I am making. In my current position I am doing many procedures unsupervised that I am not “signed off” on yet. However, I am working in a more remote area at present.

Quality of teaching provided. Variety/breadth of experience gained over entire program.

Pathology teaching & CPC's. Variety of clinics.

Supervision clinically. All the other above skills are more self-directed learning really.

Hands on practice while working.

Variety of experience gained at different rotations each year.

The invaluable informal tutorials given by consultants to 4th years. (This probably falls outside the official training programme).

Good amount of consultant contact.

Extensive tutorial program.

Aims and requirements clearly outlined.

Rotations to different hospitals.

The tutorials (the few that we have).

Clinical meeting.

Excellent support and teaching from many dermatologists and pathologists in Vic, both in clinical settings and formal tutorials.

Clinical experience is good.

Work environment.

Good clinical/pathology teaching.

Opportunity for overseas training post.

Rotating through different depts. As this allows for better exposure to derm conditions and different consultants approaches to management.

Uniformity and coherence of the training program within state.

Good pathology teaching.

Thorough surgical and medical dermatology.

Fairness to each candidate.

Surveys (like this to improve on the program).

Overall supervisors have a genuine interest in their trainee's welfare and teaching. There remains a problem with some clinics relying on doctors wishing to be trainees to help run clinics. In the long term this will not help the college gain more funded training positions as the hospitals (and by _____ government) will assume that there is no shortage in clinics when in reality doctors are working (to all intents and purposes) for free.

Overall very good outpatients supervision/guidance

Positive teaching and mentoring interactions with enthusiastic consultants (when they occur)

Excellent pathology tuition

Opportunity to hear visiting experts

Clinical meetings

Registrar training days at Annual meeting.

Emphasis on clinically relevant problems and management.

Surgical exposure and training

Broad all-round training in medical, surgical pathology and cosmetic areas.

Emphasis on clinically relevant problems and management.

Surgical exposure and training.

Broad all-round training in medical, surgical, pathology and cosmetic areas.

APPENDIX D

TRAINEE COMMENTS

How the training program could be improved

More structured tutorial program with regular teaching sessions on a weekly basis based on the syllabus, including teaching in surgery.

Lighten clinical burden in particular rotations.

More teaching hospital clinics which are often heavily overbooked compromising teaching.

Need to establish core curriculum and have resources (eg. Lectures, notes, slides, CD-Rom, etc.) to impact this curriculum. Currently learn by clinical exposure, weight of numbers in ad hoc fashion.

Address the clinical science examination.

Current prescribed text (Freinkel) not well written and difficult to study from.

The trainee appraisal – individual feedback by consultants of the problem areas rather than a form.

Less emphasis on exam preparation.

More organised follow-up with clear curriculum and organised tutorials and courses at least twice yearly.

No supervised procedure time/list.

No exposure to laser, cosmetic procedures as part of formal program despite expectation that we are to be competent in these on completion of the program.

More teaching on ward rounds (tend to be rushed).

More teaching at S&CF clinics.

Put onus on registrars to prepare topics for surgical tutorials.

Minimise low yield tasks for 3rd/4th year registrars when personal study becomes top priority, (eg. More publications/projects/audits/drug applications, etc.)

More one-on-one surgical tuition.

More than one involuntary presentation at annual conference.

More frequent rotation through sub-specialist clinics, eg. Paediatric derm, contact, lymphoma, oral, XRT, etc.

Clarification & communication with trainees about the 5th year of training.

More opportunities/locations for part-time training.

More direct feedback from supervisors the trainee is working with – more specific comments than the current format that is discussed with Head of Dept.

I would appreciate feedback, ie. Going through the appraisal form to ensure I am on the right track.

Private rooms registrar position needs to be retained (South East Dermatology).

More exposure to surgery/physical procedures at XXXXX Hospitals, eg. If necessary with a rotation for 1-2 days to a private practice. (Some registrars will find it difficult to complete their logbook requirements).

The curriculum urgently needs to be revised with emphasis on defining required and reference texts – currently it is too large, especially with publication requirements.

Opportunity to attend teaching sessions with consultants in overlapping fields.

Less emphasis on a single final examination, more summative assessment, eg. 2nd and 3rd year registrars should be able to sit pharmacology exam.

More paediatrics and speciality clinics.

Further training courses/conferences, eg. For lasers, tropical illness/infection, STD's.

I was frankly denied formal feedback by my Chief supervisor in 3rd year. When I requested some, he threatened (jokingly) to downgrade by performance rating.

Skin school – less didactic, ie. Make registrars do presentations with “expert” consultant input.

I think it's pretty good.

More flexibility. More regular teaching within work hours.

Establish a tutorial program arranged by fellows of the college to cover all areas of the syllabus. Ensure that all registrars can attend this program. Establish lecture series as per the Part I.

More feedback/discussion of trainee appraisal. More structured tutorial course in earlier years to actually cover parts of syllabus.

Avoid the excessive stress of a single exam at the end determining ultimately whether someone has passed or failed.

A better approach would be to have regular assessments throughout the training program which contribute equally to the overall evaluation of a candidate. If a candidate shows a consistent level of competence throughout this period, then they should be deemed worthier of a final pass. This would reduce the risk of having “a bad day” on exam day which could result in an undeserved failure.

Too much emphasis placed on esoteric learning for an exam. College needs to step back and look at how the rest of the world examines their derm trainees and compare it with our system – which in comparison seems far too much bookish and weighed down on knowing technical details.

Exam preparation incorporated into skin school – this is of benefit to all years not just 3rd and 4th years.

Opportunity to spend time in other specialties (especially in 5 year program) – many possibilities including general medicine, immunology rheumatology, microbiology, plastics, radiotherapy.

Trainees who come into the system already having Part I exam should be exempt from 5th year.

Less heavy outpatient lists so that you can sit in with consultants – more time to be quizzed closer up to the exam.

Coordinated tutorial program that covers syllabus over a 2 year period. (Similar to RAC training). Acts as a prompt for private study in addition to formal teaching.

For more junior registrars the fifth year of the training program remains an unknown. The college in my opinion needs to be more transparent with options to be considered for the fifth year. This becomes very important to those in training with families, etc.

It is important for the ACD to gain input from junior consultants. This resource would be better tapped if registrars become more active with college committees.

Refining of the reading list – are both Fitz and Rooke required when other more user friendly resources such as Bologna are available.

Better quality feedback – from people with whom you spend most time. Having eg. 3/20 reply and having an assessment based on that isn't appropriate.

More opportunities to attend monthly meetings which in some departments is near impossible (you almost feel guilty about doing this in some departments).

More standardised path teaching as this is very scant and depends on the department.

Skin school lectures should be more standardised as at present we have some very good lectures but also other lectures which are not very useful.

Seeing as we can't participate actively in Mohs surgery, we should have less such sessions on our timetable and more concentration on teaching related clinics.

The training program lacks 1) transparency (there is a feeling that things/performances are kept from the trainee, decisions are made without the input/discussion with trainees). 2) Accountability, who do we write to or complain to if an improvement is required. There is no means to suggest changes anonymously. 3) Many times over the four years of training, I have not seen nor signed the trainee assessment forms. Many times I have been coerced to sign the forms in the previous years (although this is dependent on the institution **NOT** the program. 4) There is a lack of teaching in the skills required for private practice management, ie. How to set up clinic, economic and financial issues. 5) A more formally arranged time and venue for all the registrars nationwide to meet and introduce each other for better cooperation during the annual conference.

Registrars are not (and from my understanding are discouraged) from teaching medical students, etc. this is unfortunate.

The need for a 5 year program has not been adequately explained. Most trainees feel four years of intensive training is already producing well rounded and well trained dermatologists and do not feel they will gain anything from an extra year of training. Most trainees have already done a "fifth" year before commencing registrar training by way of research.

I would prefer timely relevant feedback and constructive advice given at least every three months. The current six monthly trainee appraisal form is sometimes discussed at or after the end of a rotation term when opportunities for acting on suggestions are no longer so possible. Perhaps the issue of warnings to college for serious poor performance could be separated from the routine appraisal and feedback system, which I presume, is mainly aimed at improving our skills as practitioners in dermatology. The current trainee appraisal forms have associations of possible negative reports to college, which can make a registrar feel defensive during discussion.

I have found supervision of research responsibilities sub-optimal within the program.

A more structured formal lecture or tutorial program for weekly teaching of registrars (preferably within working hours.)

More dermatologist supervision of surgery/procedures in early years of training.

Formal rotation to consultants' private rooms for a period to give insight into private practice and to teach procedures not done often in public hospitals.

Avoidance of situations where registrars start significant research projects whilst in the program (pre final exam). These can cause significant distraction from clinical work and study.

Much more exam and study related material on the trainees' pages on the college website, eg. Clinical guidelines, discussions on interstate variations on management of conditions, etc.

Equity of hours and clinical and research responsibilities between registrars at the same level of training.

All trainees paid according to award conditions (current significant disparity in Victoria due to some jobs being under-funded).

Avoidance of situations where registrars are expected to provide any sort of on-call services without appropriate remuneration and relief periods.

No obligations to take overseas positions when these are not desired by the trainee.

Reduce the reading list for the Part 2's!

APPENDIX E

RECENT FELLOWS COMMENTS

The interstate variation is too wide. Amount of exposure in NSW depends on the rotation. Formal tutorials organised by the faculty are rare. It is left up to VMO's to do tutorials. Physical therapy tutorials are left to the 4th year! Whereas they should be done from the 1st year.

Have progressive assessments/exams (eg. In semesters like University) covering core and elective subjects in detail. As the training is already 5 years this would be far superior to a shorter course like the Wales diploma. Place less emphasis on exit exams but still have a general exam (like final year medicine) in the 4th year.

More emphasis on outpatient clinics, less on formal exam.

More clinically orientated pharm (drug therapy) exam, questions like enzyme ciproxin blocks or hydroxychlorophine affects DNA or RNA has no help.

Less rote learning for exams.

More information about what patients expect in private practice.

More rural private practice – best part of my training!

Emphasis on practical aspects of running practice, eg. Staffing, equipment costs, accounting software, etc.

I honestly feel that this whole process did not need to be as stressful and strenuous as it was. I have never been so close to “losing the plot” and feel completely exhausted. I would never put myself or my family through this again. I feel that changes could be made which would not make us worse dermatologists but could slightly ease the strain/stress. I realize it will never be easy and we need to have high standards I agree. The reading list is ridiculous!!! There is not enough training in the physical therapies. Also several comments were made to myself and other registrars by older dermatologists about how “straight forward” and “easy” was which indicated that they were very out of touch with the extent of study we have to do.

Question 7 – Not satisfied at all with formal teaching – More a problem of a particular hospital than a reflection of all the training locations in Qld. I went to other hospitals in my own time to get teaching and supervision.

Remove Rook from reading list – better texts available. Too much emphasis on final exams. More time in hospital allocated for consults etc. to provide better service. More surgical supervision early in training.

Greater exposure to aspects of private practice which are different from public hospitals.

More emphasis needs to be given to teaching/training dermatologists to teach. Spend time in a private practice to learn about Medicare item numbers, practice management and common practice problems.

When I was training, we as a group of trainees urged the Censors to consider allowing registrars to sit the Pharmacology and Therapeutic exam earlier (ie. Before final year). This suggestion was rejected without any reflection by the Censors! Now I understand that this has actually been put in place which is a very good thing. Not enough attention is paid to the opinions of trainees. This is a pity and needs to be addressed!

I agree with 5 year program. Private practice training I disagree with. More advanced surgical training is required. I am happy to discuss further.

As I failed my Viva with what I would consider to be good to very good reports every year, then either the assessment process failed or my supervision was inadequate.

More formal teaching/testing of commonest clinical problems wrt management.

Needs to keep pace with rapid change with market. Eg. PDT, Molemax, solar scanners, general skin care, cosmetic dermatology, allergy, the skin, ie. Popular culture.

Trainees should spend a few days attached to a few different private practices to gain more insight in what private dermatology practice is.

Educate

- risk reduction strategies
- practice management
- surgical (advanced skills)

More exposure to private practice. More supervision along the way rather than a huge exam right at the end. Qld – “Wednesday nights” were excellent training and many dermatologists were very generous with their time. How to manage difficult patients and mistakes. How to speak in public and teach most effectively.

An introduction to private practice following the Fellowship Exam would have been useful!

More emphasis during training that Medicare consultations are 15 min for new patients and ?less for renewals.

More training in practice management, esp. legal, accounting, staffing aspects; dealing the difficult patient; protocol for patient f/u – medico-legal aspects.