

2.12 Evaluation of the Program

2.12.1 Evaluation of College Education Systems

The College has evaluated its education systems by:

- Undertaking a formal evaluation of the curriculum in 2006;
- Commencing a formal evaluation of the Fellowship examination using an external consultant in 2006;
- Obtaining feedback from all examination candidates about each examination, by asking candidates to complete a short written survey immediately after each examination;
- Having the Chief Censor conduct an internal review of each examination run by the College;
- Conducting training position accreditation inspections to evaluate each training position against the accreditation criteria;
- Conducting a survey of trainees and recent graduates to obtain information to evaluate the training program;
- Obtaining feedback about the training program from the Trainee Representative Committee;
- Conducting a survey to obtain information from Fellows of the College about the CPD program in operation for the 2003 to 2005 triennium.

The purpose, timing, criteria and outcomes of these evaluations are explained in the sections below.

2.12.1.1 Review of the College Curriculum

In 2006 the College undertook a major evaluation of the curriculum for the vocational training program.

Frequency of Evaluation

The College Board of Directors at its teleconference held on 12 September 2006 resolved that all components of the vocational training program will be evaluated over a three to five year time period. The curriculum will be used for three full years. The curriculum will be evaluated and updated the following year (year four). The assessment, examination and other aspects of the training system will be evaluated and further developed the next year (year 5). The updated training system will be implemented the following year (year 6). This process will lead to a complete renewal of the training system every six years.

Evaluation Criteria

The criteria and process used for the evaluation are explained in Attachment 4 of this submission.

Changes Implemented Following the Evaluation

The College has developed a set of detailed draft curriculum standards documents for the clinical sciences and clinical practice areas. This curriculum will replace the current syllabus and be the basis of all training, assessment and examinations in the vocational training program. It is anticipated that the curriculum will be fully implemented in 2008.

2.12.1.2 Formal, External Evaluation of the Fellowship Examination

In 2006 the College commenced an external evaluation of its Fellowship examination. The evaluation is being undertaken by Professor Rufus Clarke.

Frequency of Evaluation

The College Board of Directors at its teleconference held on 12 September 2006 resolved that all components of the vocational training program will be evaluated over a three to five year time period. The curriculum will be used for three full years. The curriculum will be evaluated and updated the following year (year four). The assessment, examination and other aspects of the training system will be evaluated and further developed the next year (year 5). The updated training system will be implemented the following year (year 6). This process will lead to a complete renewal of the training system every six years.

Evaluation Criteria

The evaluation will assess the validity and reliability of the current Fellowship examination process.

The evaluation is explained in more detail in section 2.6.7.2 of this submission.

Changes Implemented Following the Evaluation

The BOC will consider Professor Clarke's report and recommendations at their meeting in February 2007. The BOC will implement changes they consider appropriate in the 2007 Fellowship Examination.

2.12.1.3 Candidates' Feedback on Examinations

The College asks all examination candidates at each examination to complete the attached survey at the end of the examination, before they leave the room (Attachment 34).

Frequency of Evaluation

Every six months for clinical sciences and pharmacology examinations.

Every twelve months for Fellowship examination.

Evaluation Criteria

The College obtains feedback from examination candidates to determine whether:

- Information provided to candidates prior to examinations was clear;
- Examination instructions were clear;
- The wording of questions was clear;
- Candidates believed they had sufficient time to complete the examination;
- The facilities at the examination venue were satisfactory.

The College uses this information to improve the organization and content of examinations.

Changes Implemented Following the Evaluation

Changes that have been made to examinations as a result of this feedback include:

Changes Introduced Under Previous Chief Censor

- Reading time for each part of the Dermatological Medicine I paper was increased from five minutes to fifteen minutes;
- The time allowed for the Dermatopathology OSCE stations in the Fellowship examination was increased from five minutes to ten minutes.

Changes Introduced Under Current Chief Censor

- The College provides examples of Dermatological Medicine I questions and answers in the information pack sent to candidates sitting the Fellowship examination;
- The College provided example MCA answer sheets in the information pack sent to candidates sitting the practice Fellowship examination in November 2006. Example answer sheets will be provided in the information kit for candidates sitting all future Fellowship and practice Fellowship examinations;
- The College collated sets of question papers and MCQ answer sheets and sent these to invigilators for the practice Fellowship examination held in November 2006. The College plans to do the same for Fellowship examinations and practice Fellowship examinations in the future. This was done to overcome administrative difficulties that occurred during the running of the written papers in the 2006 sitting of the Fellowship examination. At this examination invigilators were sent packs of question and answer sheets and asked to give candidates the number of answer sheets required to answer the questions. This was not done correctly at all sites;

- The time allowed for short case vivas in the Fellowship examination has been increased from five minutes to six minutes and the time allowed between these vivas has been increased from one minute to two minutes. In addition, the number of stations has been reduced from eight to six so that the examination can be completed in the same period of time;
- Photomicrographs of hair shafts and fungal microscopy are now used in the Fellowship OSCE instead of fresh mounted specimens;

2.12.1.4 Chief Censors' Review of Examinations

The Chief Censor conducts an internal review of each examination after the examination has been marked and the results have been provided to each candidate. Each question of the clinical sciences examinations is reviewed. Each question, OSCE station and viva in the Fellowship examination is reviewed.

The Chief Censor prepares a report on each examination.

Reports on the clinical sciences and pharmacology examinations cover:

- Numbers sitting and results;
- Overall range of marks and distribution of results;
- Performance of questions;
- Information about questions which performed poorly and had to be remarked or deleted from the marking process for all candidates;
- Information from surveys completed by candidates at the end of the examination;
- Feedback from invigilators;
- The Chief Censor's comments regarding organizational issues.

The report on the clinical sciences and pharmacology examinations is sent to the Board of Directors. A short report is published in the College newsletter *The Mole*.

The report on the Fellowship examination provides a synopsis of the question, OSCE station or viva, explains the actions, diagnosis and management that were expected of candidates, reports the number of candidates who failed the item and explains why these candidates failed. The report on the 2006 Fellowship Examination is at Attachment 35. Reports on examinations held in previous years are available on request.

The Fellowship examination report is sent to:

- The Board of Directors;
- Supervisors of Training;
- Heads of Department;
- Advanced Trainees (years 3, 4 and 5);

- The Director on the Board of Directors responsible for implementation of the vocational training program;
- The Director on the Board of Directors responsible for overseeing the educational development of Fellows;
- Board of Censors.

Candidates who fail an examination are also sent a report providing more information about the items they failed and the reasons they failed the item.

Candidates who fail an examination can use the information to improve their performance next time they sit the examination.

State training programs can use this information to improve the training provided in that state.

Frequency of Evaluation

This evaluation is conducted every six months for the clinical sciences and pharmacology examinations.

This evaluation is conducted every twelve months for the Fellowship examination.

Evaluation Criteria

The criteria for these evaluations are:

- Did an examination item perform poorly?
- Why did the item perform poorly?
- Did the examination cohort perform poorly on an item?
- What was the reason for the cohorts' poor performance?
- Did an individual candidate perform poorly?
- Why did an individual candidate perform poorly?

Changes Implemented Following These Evaluations

Changes that have been implemented following these evaluations include:

- Questions may be deleted from the question bank for the examination or modified before being used again in a future examination;
- A paper may be remarked;
- The Chief Censor will discuss the training needs of an individual trainee with the state DOT;
- The Chief Censor and a Censor will be conducting a session on answering examination questions at the ASM in May 2007.

2.12.1.5 Training Position Accreditation Inspections

The College inspects training positions to evaluate whether they meet the College's training position accreditation criteria.

Frequency of Evaluation

Inspections are conducted every three to five years. Inspections are normally undertaken at the same time that the Annual Scientific Meeting or the Fellowship Clinical Examinations are held in the state where the training position/s are located.

Evaluation Criteria

The criteria for training position accreditation inspections are explained in section 2.7.3.3 of this submission.

Changes Implemented Following These Evaluations

All training posts based in Queensland were inspected in August 2006.

One training post did not meet the accreditation criteria for the number of general dermatology clinics or supervision of trainees.

As a result of feedback provided following the inspection, trainees in this post are now rotated to two private practices to gain additional exposure to general clinical dermatology.

In addition, funding has been secured for a visiting dermatologist to undertake a weekly clinic at the Mater Children's Hospital in order to meet the accreditation criteria for the supervision of trainees working in this training position. Prior to the additional funding being provided, this clinic was run fortnightly.

2.12.1.6 Survey of Trainees

The College conducts the survey of trainees to identify the strengths and weaknesses of the ACD training program in order to inform future program development. A copy of the survey is included in the survey report which is at Attachment 36.

Frequency of Evaluation

This survey is normally conducted every two years. The College last conducted this survey in 2004 and intended to conduct it again in the second half of 2006. However, it has been decided not to proceed because this may impact negatively on the response rate to a similar survey that will be conducted by the AMC in the first half of 2007.

Evaluation Criteria

The information obtained from this survey is used to evaluate trainees' satisfaction with:

- Teaching;
- Workload;
- Supervision;
- Assessment;
- Curriculum;
- Organisational aspects of the program.

Findings

Findings of the trainee survey included:

- Half of the respondents (50%) were satisfied with the formal educational opportunities provided in the program such as tutorials, clinical meetings and conferences, and 56% were satisfied with research opportunities in the training program;
- Respondents rated the teaching of clinical dermatology skills highly with eighty six percent (86%) rating the teaching of clinical dermatology skills 1 or 2 on a five point scale with 1 being very well and 5 not at all.
- Respondents' ratings using the same scale, of the teaching of other skills required to fulfill the broader roles of a medical specialist, were somewhat lower. Respondents gave a rating of 1 or 2 in the other skills areas as follows:
 - Research 22%;
 - Communication skills 30%;
 - Collaboration with other medical professionals 28%;
 - Teaching skills 25%;
 - Critical appraisal of literature 30%;
 - Medical ethics 45%;
 - Medico-legal issues 39%;
- Twenty five percent (25%) of respondents stated that the supervision they received was excellent and 53% indicated it was good. Thirty one percent (31%) of respondents indicated that supervision could be improved by having more contact with supervisors, 28% stated that it could be improved by having more feedback from supervisors, and 25% indicated that better quality feedback would be desirable;
- Fifty three percent (53%) of respondents indicated that they find the trainee appraisal process useful, 31% find it somewhat useful and 17% find it not at all useful;
- Thirty nine percent (39%) of respondents stated that the requirements of the training program were communicated very well to trainees. The remainder stated that these requirements were stated only moderately well or not well at all;

- Twenty five percent (25%) of respondents stated that they have adequate opportunity to provide feedback about the training program, 55% stated they have some opportunity to give feedback and 20% stated that opportunities to give feedback are entirely inadequate;

Changes Implemented Following This Evaluation

To date, the College has implemented the following actions that address the findings of this survey:

- The College implemented a review of its curriculum in 2006 and is developing detailed curriculum standards documents for clinical practice and the basic sciences. This addresses the finding that a significant number of respondents indicated that the requirements of the training program were stated only moderately well or not well at all;
- The trainee representative committee was established in 2005 to provide trainees with a mechanism to give feedback about the training program. This addresses the finding that only 25% of respondents stated they had adequate opportunities to give feedback about the training program. There is two-way communication between the trainee representative committee and the BOD and BOC. A representative from the trainee representative committee attends the face to face BOD and BOC meetings as an observer. In addition, the BOD and BOC ask the trainee representative committee to consult trainees about training issues. The trainee representative committee also raises issues that concern trainees with the BOD and BOC. Examples of changes that have been made to the training program in response to feedback include:
 - A practice Fellowship paper has been introduced and will be held for the first time in November 2006;
 - The requirement to research and write two articles relevant to dermatology and have these published in a refereed journal during training, has been amended. In 2006 the BOD, on the recommendation of the BOC, agreed that one article on a subject relevant to dermatology, that is published in a referred journal prior to entering training, can be recognized as meeting part of this training requirement (see section 2.3.5 of this submission);
- An example of a project where the BOC and trainee representative committee have worked together to improve the program is the review of the *Training Program Record Book*. Previously this was a log book in which trainees recorded the procedures they performed. It is now a 'learning portfolio' in which trainees keep records of training posts they work in, copies of their in-training assessments, and records of in patient care and the meetings they attend (see Section 2.6.1 and Attachment 7);
- The College conducts the *Teaching on the Run Workshop* for SOTs each year to provide them with the opportunity to continually develop the skills required to provide quality supervision, including the skill of providing feedback to trainees. This addresses the concerns of 22% of respondents who stated that their supervision is fair or poor and those

who stated that supervision could be improved by having more feedback from supervisors or better quality feedback from supervisors;

- Changes have been made to the in-training assessment systems to improve both compliance with, and the robustness of, the system. Trainees are now responsible for ensuring that an assessment is conducted and it is submitted to the College by the due date. Previously supervisors were responsible for these activities. In addition, assessments are now recorded and submitted in hard copy. This has replaced electronic systems which were not effective. This addresses the issue that 48% of respondents stated that they found the trainee appraisal process somewhat useful or not at all useful.

2.12.1.7 Survey of Recent Fellows

The College conducts the survey of recent Fellows to identify the strengths and weaknesses of the ACD training program in order to inform future program development. A copy of the survey is attached (Attachment 36).

Frequency of Evaluation

This survey is normally conducted every two years. The College last conducted this survey in 2004 and intended to conduct it again in the second half of 2006. However, it has been decided not to proceed because this may impact negatively on the response rate to a similar survey that will be conducted by the AMC in the first half of 2007.

Evaluation Criteria

The purpose of this survey is to obtain Fellows' views about:

- How well the training program prepared them for practice;
- Satisfaction with the training program;
- The perceived relevance of the clinical curriculum;
- The extent to which 'generic' specialist skills were taught and the perceived importance of these skills;
- Areas of the training program that need to improve.

Findings

The findings of the survey of recent Fellows included:

- Ninety one percent (91%) of respondents stated that the training program prepared them well or very well for practice;
- Respondents indicated that they were reasonably satisfied with supervision, assessment and formal teaching, with over half rating their satisfaction with these aspects of training as 1 or 2 on a 5 point scale with 1 being very satisfied and 5 not at all satisfied;
- Forty seven percent (47%) of respondents said that all aspects of the clinical curriculum are relevant to their practice;

- Some respondents nominated areas of the curriculum as not being relevant to their practice including radiotherapy, cosmetic procedures, some aspects of the pharmacology curriculum and most advanced surgery;
- Sixty two percent (62%) of respondents nominated areas that they believe require more emphasis in the curriculum which included procedural dermatology, cosmetic dermatology, increased exposure to MOHs surgery, other surgery, more uniform exposure to physical therapies and common mild conditions seen regularly in private practice but not in public hospitals. (It is interesting to note that both cosmetic dermatology and surgery are nominated as areas of training not relevant to practice and areas requiring more attention during training);
- Nine percent (9%) of respondents stated that the training program prepared them for the broader areas of practice such as practice management, teaching, medical ethics and law;
- Fifty three percent (53%) of respondents stated that they were definitely not prepared for the broader areas of practice;
- Seventy five percent (75%) of respondents stated that more training in the broader role of the medical specialist would have been useful;
- Respondents suggested that the program could be made more relevant to practice by providing more exposure to clinical conditions seen in private practice and training in the practical aspects of running a private practice such as staffing, Medicare, equipment costs, and accounting.

Changes Implemented Following This Evaluation

Fellows' comments are being used to inform curriculum development.

2.12.1.8 Evaluation of the Continuing Professional Development Program

In 2005 the College evaluated the Continuing Professional Development Program (CPD) program for the 2003 to 2005 triennium.

An evaluation survey was distributed to all Fellows with the College newsletter, *The Mole*. Forty nine percent (49%) of Fellows completed the survey and returned it to the College.

Frequency of Evaluation

The CPD program is evaluated at the end of every CPD triennium.

Evaluation Criteria

The criteria for the most recent evaluation were:

- Consistency of the CPD program with both the general adult learning literature and the medical education literature;
- Consistency with the standards of regulatory bodies;
- Acceptability to participants.

Findings

A copy of the survey report is at Attachment 37. The findings of the evaluation included:

- A significant percentage of respondents participate in CPD activities that have been reported in the literature as effective learning methods for continuing professional development¹:
 - Fifty five percent (55%) of respondents indicated that they have participated in audit style activities;
 - Forty six percent (46%) have participated in peer review;
- The majority of respondents (67%) stated that participation in a formal CPD program increased their effectiveness as a dermatologist and 68% stated that the main reason for having a CPD program is performance related;
- A number of the findings indicate that the CPD program is acceptable to College Fellows including:
 - Ninety six percent (96%) of respondents stated that the College needs to have a CPD program;
 - Seventy six percent (76%) of respondents indicated that the program requirements are achievable;
 - Sixty nine percent (69%) of respondents stated that two or more hours per week of CPD activities are necessary to maintain professional competence.

Changes Implemented Following This Evaluation

The changes that have been made to the CPD program following this evaluation are reported in section 3.1.9 of this submission.

6.12.2 ACD's Process for Communicating With the Community At Large

The College is the primary source of expertise on all matters of dermatology. It has therefore set a strategic objective to promote better public awareness about the skin and its care, and the prevention of skin disease. The College provides information to the public about these issues through both the print and electronic media, the Internet and in printed material developed by the College.

The College works with Federal and State Governments, Departments of Health, Medical Boards and other health care organisations to ensure greater

¹ Speak, M., Best practice in professional development for sustained educational change. ERS Spectrum, 1996, 33-41.

awareness of dermatological issues. It has also set an objective to work with patient support groups and other community bodies to promote public education about dermatological issues.

The College has developed a sophisticated website, www.dermcoll.asn.au, with information on skin disease. This site receives between 280,000 and 380,000 hits per week. The College also produces a wide range of brochures covering skin diseases, which are provided free to the public through dermatologists' and GPs' practices. The titles include:

- *All About Acne*
- *All About Dandruff*
- *All About Your Nails*
- *Hair Loss and Baldness*
- *HIV and Skin Disease*
- *Moles and Melanomas, Skin Cancer – What Every Australian Should Know*
- *Sun Protection*
- *Toddler Sun Protection*
- *Understanding Eczema*
- *What is Psoriasis?*
- *What is Rosacea?*
- *What is a Dermatologist?*

The College employs PR consultants (whom it shares with the RCPA) to implement a strategy for raising public awareness of dermatology and dermatologists. The strategy has been successful in obtaining media coverage for the College over a wide range of issues. The College and its PR consultants deal with approximately 180 media enquiries per annum. For more information, see the College's Annual Report 2005/06 (pages 35-37) (Attachment 38).

Regarding community perceptions about graduates of the College's training program, the College has not undertaken any in-depth research of public opinion. It would be fair to say that a large percentage of the public have a general awareness of dermatologists as skin doctors and, amongst these, an acceptance of dermatologists as being the peak professionals in this area. Recent media reporting about the inadequacies of some skin cancer clinics has reinforced the role of dermatologists as the trained professionals in the treatment of skin disease.

6.12.3 Processes for Communicating With Health Complaints Commissioners

The College has no reason to believe that either the public or other health care professionals consider the training of its Fellows to be inadequate, inappropriate or incomplete. Demand from the media for information for stories, would seem to indicate that there is considerable interest amongst the public for information about all aspects of skin disease and its treatment.

The College is not generally aware of public complaints about the performance of its Fellows. In most cases, if these existed, they would be referred to the appropriate State Health Care Complaints Commission, Medical Board, etc. The College process for handling complaints is explained in section 3.2.1 of this submission. The College process for retraining or remediating Fellows is explained in section 3.2.2 of this submission.