

May 2012

Accreditation Submission to the Australian Medical Council

The Education and Training Programs of
The Royal Australasian College of Medical Administrators

Submission Document



RACMA
The Royal Australasian College
of Medical Administrators



2012 Reaccreditation Submission to the Australian Medical Council

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AMC – Standard 1: The Context of Education and Training

The accreditation standards that relate to this section of the 2008 Accreditation Report are as follows. The numbers correspond to the numbering of the current accreditation standards.

1.1. Governance

- 1.1.1. The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- 1.1.2. The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- 1.1.3. The education provider's internal structures give priority to its educational role relative to other activities.

1.2. Program management

- 1.2.1. The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
 - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
 - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- 1.2.2. The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

1.3. Educational expertise and exchange

- 1.3.1. The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.
- 1.3.2. The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.

1.4. Interaction with the health sector

- 1.4.1. The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
- 1.4.2. The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

1.5. Continuous renewal

- 1.5.1. The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 progress report is provided below.

AMC Recommendation 2: Clarify the role, representation and requirements of the Member category of membership.

AMC seeks further clarity needed around the membership categories of "Member" and "Associate Fellow"

AMC requests an explanation of the transition of Member to Associate Fellow status, a clear role description of this designation and the extent to which it is involved in fellowship affairs.

AMC seeks a clear role description of this designation and the extent to which it is involved in fellowship affairs.

RACMA Response to Outstanding Recommendation 2

Under the new RACMA Constitution, the class of membership which was called *Member* ceased to exist. A new class of membership called *Associate Fellowship* was introduced. Associate Fellowship is a non-specialist membership class. Existing *Members* were given the opportunity to transition to the Associate Fellowship class. All new Associate Fellows achieve this class of membership after satisfactorily completing a Board approved non-specialist training program. The Associate Fellow is normally a clinician manager; a Fellow of another specialist College who seeks some formal training and exposure to medical management professional development programs.

Definition

Associate Fellow members are defined as:

"Associate Fellows

An Associate Fellow must be a Medical Practitioner:

- who has fulfilled any educational and training requirements established by the Board, or has such other qualifications and experience as the Board considers adequate, to qualify for this class of Membership;
- who meets the standards for participation in continuing education adopted and promulgated by the Board in accordance with clause 7.1;
- who has been admitted by the Board to that class of Membership; and
- whose Membership has not ceased as a consequence of the provisions of clause 9 of the Constitution".

This category of membership was introduced as part of the change to the new Constitution in 2010 to resolve a number of ambiguities and confusion that existed with respect to the legal status and rights pertaining to the previous membership class – RACMA members (MRACMA).

Under the old constitution, RACMA Members were not listed on the Company Register. The revised Constitution requires all member categories to be detailed on the Company register,

and for Associate Fellows (ex MRACMAs), affirmed their rights to participate more actively in College training programs. Associate Fellows now have direct representation on the Board and therefore a 'voice' on the top governance structure of the College.

Transition to Associate Fellowship Membership Class for Existing Member class

The introduction of these changes was facilitated by way of a comprehensive transition plan. The previous College Council (now a Board of Directors) held a series of teleconferences with representatives of the ex Member (MRACMA) class of members. In addition, there was an on line survey conducted specifically for MRACMA's to complete regarding the detail and implementation of the change.

The transition arrangements saw the majority of [ex] MRACMAs transfer to Associate Fellowship status on the 1 March 2010.

In 2011 the new training program was approved by the Education and Training Program for the award of eligibility to become an Associate Fellowship. Further details about this new training pathway are provided in Standard 2. To date 40 doctors have commenced in the Associate Fellowship training program.

The AFRACMA training program is a non-specialist training program and at this stage there is no direct pathway between it and the Fellowship training program.

AMC Recommendation 3: Consider the introduction of mechanisms to ensure consistency across jurisdictions in any review of the governance of the College which focuses on the role and independence of action of state and territory boards of study and the standards applied by them. (In 2011, the College was asked to provide the agendas for recently established committees which are to operate at a national level - suggest provide access online.)

Recommendation 3 is showing good progress, and the College is commended on the significant steps it has made in setting committee structures and the review of terms of reference. An update is requested in 2012, with mention of how the College ensures consistent standards across the jurisdictions.

The AMC notes that the report shows a substantial program of works in terms of policy review, engagement of Fellows through working parties, and collaboration with external stakeholders. Also noteworthy is RACMA's attention to the need to engage with the Health Workforce bodies in both Australia and New Zealand.

RACMA Response to Recommendation 3

Under the old Constitution, RACMA Jurisdictional Committees in the various States and Territories' of Australia, and in New Zealand had established Chairs of Boards of Studies, which were responsible for delivering the training and education programs within their geographical boundary/country. These Chairs took responsibility to organise local education and training programs to support Candidates and Fellows' professional development. There was no effective mechanism to nationally co-ordinate education and training programs.

Under the new RACMA Constitution a review with Jurisdictional Committee Chairs, confirmed that the performance and effectiveness of jurisdictional Boards of Studies was variable.

Jurisdictional Committees' terms of reference were reviewed by the Board and a new role of Jurisdictional Co-ordinators of Training (JCT) was established. These JCTs are now members of the national Training Committee and are represented on the Credentialing, Curriculum and Annual Scientific Program Committee. In addition JCTs meet quarterly by teleconference to discuss training programs funded by the Department of Health and Ageing (DoHA) Specialist Training Program (STP). Increasingly the Chairs of national College committees are ensuring that New Zealand Fellows and Candidates are attending meetings and included in the quorum. The engagement of JCTs in these national conversations is enhancing knowledge and awareness of the RACMA *Medical Leadership and Management Curriculum*¹.

The RACMA Training Committee has an action item/program to clearly articulate the jurisdictional syllabi vis a vis the national program of training workshops and assessment. This program of work will ensure the appropriate mapping of jurisdictional training programs to the national curriculum.

A further strategy now being implemented is a series of Faculty Education webinars. An annual program has been documented and scheduled. (Refer to Standard 8).

A national program of interactive Candidate webinars has now been delivered for 12 months and continues in 2012. This is attracting Candidates and Faculty from across the jurisdictions with the impact of greatly enhanced knowledge sharing.

The *Medical Leadership and Management Curriculum* development and implementation of a competency based curriculum for medical administration (as detailed in the following Standard 2) is also a major driver for enhancing consistency of education and training across all jurisdictions.

Summary of matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 1, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. A brief review of the College's governance structure.
 - b. A list of committees with roles in the College's training, assessment and continuing professional development activities, any changes since the 2008 Accreditation and an outline of plans for further development.
 - c. College's assessment of resources available to educational activities.
 - d. Developments since 2008 in the College's relationships with health departments to promote the education, training and ongoing professional development of medical administrators.
 - e. Challenges for the College and strategies to address them.
 - f. Any other planned developments that relate to this set of Accreditation Standards.
- Supporting documents, such as policy papers may be provided via web links.

¹ RACMA's Medical Leadership and Management Curriculum – Refer to Attachment 1

Some issues may have been summarised in the previous section against specific AMC recommendations or questions. If this is the case, the summary does not need to be repeated but please reference the relevant AMC recommendations or questions.

RACMA Response:

a. RACMA Governance Structure

The Royal Australasian College of Medical Administrators (RACMA) is a legally constituted medical college, registered as a Company under the Corporations Act 2001.

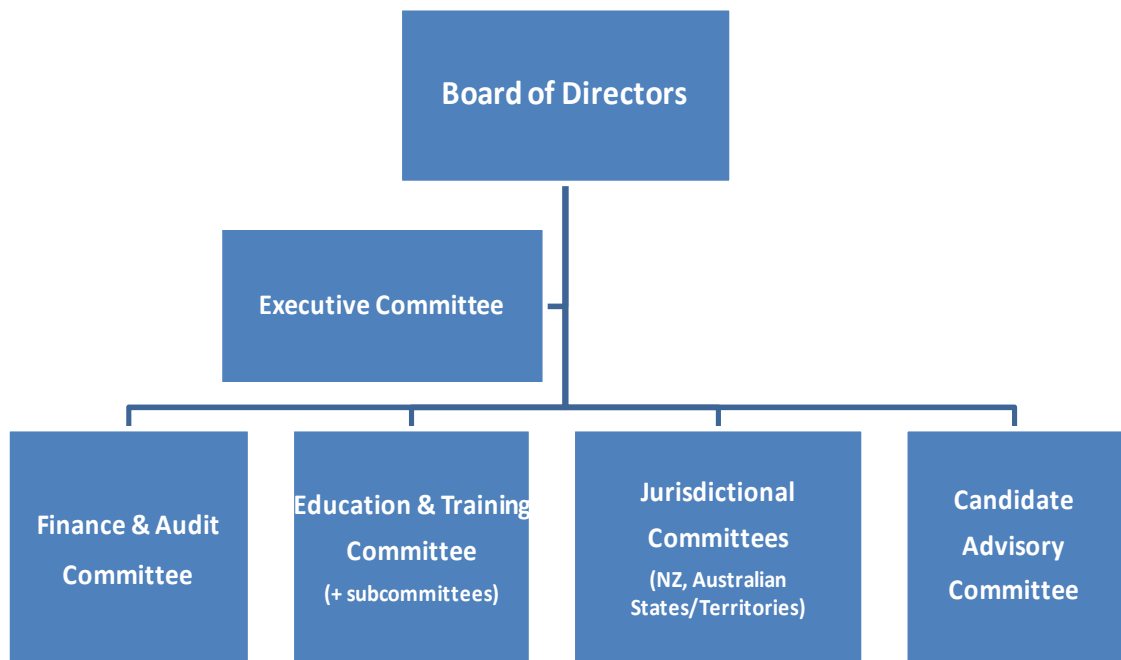
RACMA's mission is to provide education and training to medical practitioners in the medical specialty field of *medical administration*. RACMA delivers two core training programs: the Fellowship training program and a Continuing Education Program (CEP).

As part of the implementation of a new Constitution in 2010 a new governance structure has been developed and this is presented in Figure 1.1 below.

b. Role of RACMA Committees in governance of Education and Training Programs

The Board's governance of RACMA training and education activities is supported by the Education and Training Committee (ETC). This Committee is chaired by a Board Director and has a number of sub committees responsible for various aspects of the education and training programs.

Figure 1.1



These ETC subcommittees are:

- Continuing Education Program Committee (CEPC)
This Committee is responsible for development, implementation and evaluation of the Continuing Education Program (CEP) for Fellows and Associate Fellows.
- Board of Censors (BoC)
This Committee is responsible to advise on and conduct all formative and summative assessments of Candidates in the Fellowship training program of RACMA
- Credentialling Committee
This Committee is responsible to advise on policy, regulations and procedures governing applications for all membership classes and for accreditation of training posts.
- Training Committee
This Committee is responsible to advise on and plan for the delivery of the RACMA *Medical Leadership and Management Curriculum*. In practice it advises on development of syllabi at the national and jurisdictional levels.
- Curriculum Steering Committee (CSC)
This Committee is responsible for development, and evaluation of the *Medical Leadership and Management Curriculum*.
- Annual Scientific Program Committee (ASP)
This Committee is responsible to oversee the organisation and program design of RACMA's Annual Scientific Meeting (ASM).

Jurisdictional Committees operate in each Australian State/Territory and New Zealand. These 'local' (or State wide) committees promote and support College activity; and they provide a collegial network for College Jurisdictional meetings. Within each jurisdiction, there is also a Jurisdictional Co-ordinator of Training (JTC) and a Continuing Education Program (CEP) Co-ordinator – jurisdictional positions that play key roles in the implementation processes for the College's education and training programs. More details pertaining to these roles are explained in Standard 8.

Also reporting to the Board is the Candidate Advisory Committee (CAC). This Committee is chaired by the Candidate Board Director and is developing as the key conduit for formal feedback to the College on all matters relating to the Fellowship training program.

The RACMA Board has agreed to form a Policy and Advocacy Committee in 2012. The Terms of Reference for this Committee are enclosed as Attachment is currently under development.

The terms of reference for these Committees can be accessed on:

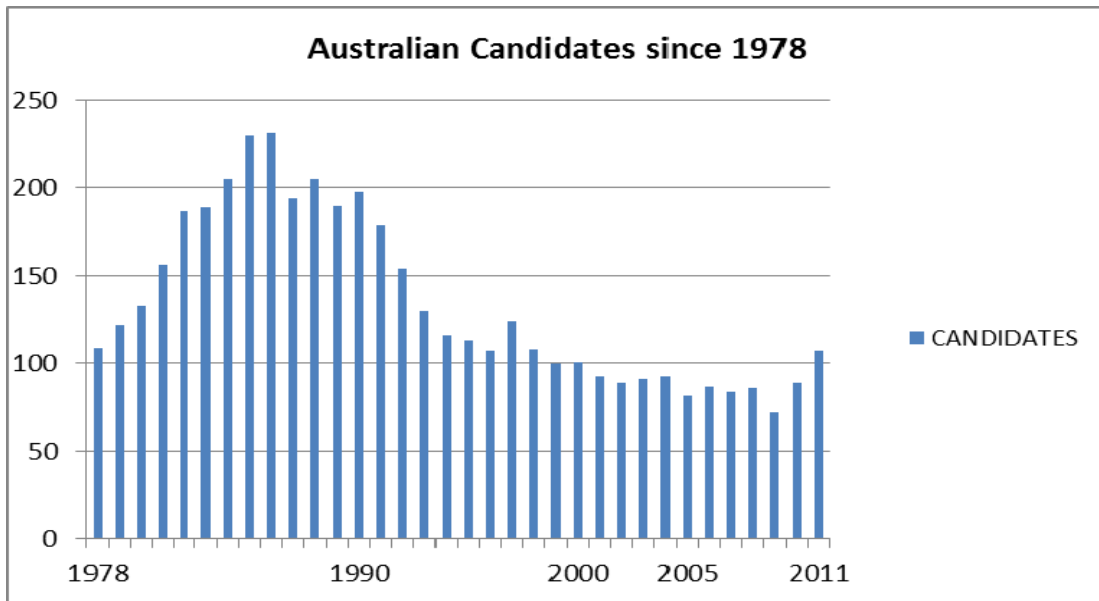
http://www.racma.edu.au/index.php?option=com_content&view=category&id=3&Itemid=134.

Additional detail on the College's governance systems is enclosed as Attachments 2,3, and 4.

The RACMA *Medical Leadership and Management Curriculum* is enclosed as a separate publication (Attachment 1).

c. Resources to Support Educational Activities

The following graph shows the trend in Australian candidates from the College's inception.



Candidate numbers have been increasing since 2009. This is due in large part to the further development of the College's advanced standing process (recognition of prior learning) and the redevelopment of the accelerated pathway into the Fellowship Training Program. In 2012 the fourth cohort of accelerated pathway Candidates is studying for the Fellowship in medical administration.

In 2011, RACMA also introduced a formal training program leading to the award of Associate Fellowship (the membership class which replaced Member under the new RACMA Constitution). In 2012 the second cohort of such trainees has commenced. Taken together there are more than 50 Candidates and Trainees (note the figure above shows only Fellowship training program Candidates).

This growth in training numbers is strategically important for the College. This implementation of a new Constitution/governance structure and the *Medical Leadership and Management Curriculum* in 2012, has required the College to allocate additional resources to support this work. The College has been successful in sourcing new revenue streams and recruiting some excellent and committed staff.

In addition, the new Board Committee structures have facilitated and energised more Fellows to participate in the College educational training activities. Under leadership from

the Committees, new Fellows and additional Candidates are engaging in discussions about the College's training programs, its education policies and practices and in supporting new initiatives such as MiniMex.

The Training Committee is engaging with Jurisdictional Co-ordinators of Training and this is resulting in sharing of ideas. The Chair of this Committee is also developing a faculty training team to support all national workshops and training activities. This collegiality will strengthen the engagement of Fellows from a variety of backgrounds to support the education and training programs.

In parallel with these developments, the College has developed its capability in the use of training webinars. Monthly webinars now draw on the expertise of senior College Fellows to deliver training to Candidates. As many as 50 Candidates and Fellows are joining these webinars. Detail about this program – the INTERACT Training Program can be accessed on: http://www.racma.edu.au/index.php?option=com_content&view=article&id=449&catid=93&Itemid=108&utm_source=racma&utm_medium=fbanner&utm_campaign=interact

The College intends to continue to capitalise on these resources and continue to foster all opportunities to provide expertise, and input into the ongoing development and delivery of RACMA's *Medical Leadership and Management Curriculum*.

d. Developments with State Health Departments – 2008 – 2012

Since 2008, the College's relationship with the various state Health departments has progressively strengthened. This is evidenced by the extent of investment government bodies have made in the health workforce in partnership with RACMA. RACMA holds formal contracts with the Department of Health and Aging and CPMC for the provision of medical workforce development services. These include:

- Delivery of Specialist Training in medical administration in the Private Sector - \$3 million - May 2010- 2013
- Administration of the Specialist Training Program private Sector Supervision and Infrastructure Grants – Maximum of \$9,496,183.00 - June 2011 – June 2012
- Delivery of two Rural Health Continuing Education (RHCE) projects in 2012-2013 - one of which has been used as an exemplar.

More detail is provided about these contracts in Standard 9.

In addition, the College CEO has been supported by the RACMA Board to engage in three collaborative consulting projects with the Department of Health in Victoria. The CEO is also a member of EMEAC which is enabling greater contact with Workforce Departments throughout Australia. The CEO is also instrumental in also continuing to build relationships with Health Workforce Australia, and Health Workforce New Zealand.

e. Key challenges/opportunities for the College include:

- Advancing and disseminating the research/evidence base to support College advocacy for doctors in leadership and management positions to have a RACMA qualification
- Advancing the integration, resourcing and delivery of the RACMA curriculum into all College education and training services.

- Strengthening the leadership potential of the medical profession and develop competencies and standards for the professional management of health services by doctors.
- Fostering relationships within and across the medical profession, other Australasian specialist medical colleges and similar organisations internationally
- Optimising College capacity and capability to support the delivery of strategic priorities.

Please refer to RACMA's current strategic plan which details the strategies the College has actioned to address these challenges. (A revision of this plan for the next three years (2012 – 2015) is being undertaken shortly).

http://www.racma.edu.au/index.php?option=com_content&view=article&id=378&Itemid=86

AMC – STANDARD 2: Organisational Purpose and Outcomes of the Training Programs

The accreditation standards that relate to this section of the 2008 Accreditation Report are as follows. The numbers correspond to the numbering of the current accreditation standards.

2.1. Purpose of the education provider

- 2.1.1. The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- 2.2.2. In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.

2.2. Graduate outcomes

- 2.2.1. The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- 2.2.2. The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- 2.2.3. The education provider makes information on graduate outcomes publicly available.
- 2.2.4. Successful completion of the program of study must be certified by a diploma or other formal award.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 progress report is provided below.

Nil.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 2, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. Changes to purpose or mission of the College
 - b. Changes to College statement of graduate outcomes for training programs.
 - c. Any other planned developments that relate to this set of Accreditation Standards.
- Supporting documents, such as policy papers may be provided via web links.

Some issues may have been summarised in the previous section against specific AMC recommendations or questions. If this is the case, the summary does not need to be repeated but please reference the relevant AMC recommendations or questions.

RACMA Response

a. Purpose or Mission of the College

RACMA's foundation aim to promote and advance the study of health services management by medical practitioners remains unchanged; accordingly its goal to develop doctors able to lead from senior and executive management roles remains its primary focus.

The role of the College is to:

- set educational standards;
- accredit educational programs;
- organise a continuing education program for Fellows and Associate Fellows;
- conduct examinations;
- nurture, guide and encourage Candidates, Associate Fellows and Fellows; and
- assist clinicians and public health personnel who are increasingly being required to manage their clinical departments and public health programs, in addition to providing a clinical service.
- stimulate research to develop an evidence base for medical administration and leadership practices

b. Changes to College statement of graduate outcomes for training programs.

There has been no change to the College's graduate outcomes for its training programs as such, but the articulation and assessment of those outcomes has been strengthened with the completion and publication of the *'RACMA Medical Leadership and Management Curriculum'*.

In this publication, RACMA articulates standards for specialty medical education in management and leadership, and its Australasian curriculum governs the direction and scope of the College's education and training programs. This curriculum now forms the framework for development and delivery of the:

- Fellowship training program - completion of all components of the Fellowship program and passing all summative assessment results in the doctor being qualified in the specialty of medical administration and eligible to join RACMA as a Fellow.

Each year RACMA reports its Fellowship training program profile and results for the MTRP. The MTRP 15th Report is available on line at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-mtrp-15>

- Non-specialist Associate Fellowship training program – completion of all components of the training program results in the doctor being eligible to join RACMA as an Associate Fellow. (Please refer to paragraph (c) below for further information).
- Continuing Education Program for Fellows, Associate Fellows and other eligible medical practitioners. (Please refer to Standard 9 for more detail about the RACMA professional development program).

c. Other developments:

- **Values Statement**

In 2012 the College is reviewing its Values Statement. A draft statement is now out for consultation within the College.

- **Alignment of RACMA education and training programs to the *Medical Leadership and Management Curriculum***

A significant project to map all RACMA education and training programs to the *Medical Leadership and Management Curriculum* competency framework and progression model has commenced. All workshops, annual training plans and assessment activities are being mapped to the competency framework.

Full details about the Fellowship Training Program are explained in the Fellowship Training Manual. This manual is updated annually and available on the website for candidates and potential candidates to download. A hard copy is enclosed as Attachment 5 and the 2012 National Training Calendar is enclosed as Attachment 6.

- **New modules in the Fellowship Training Program**

The *Medical Leadership and Management Curriculum* puts sharper focus on leadership and strengthens training in research.

Leadership themes will now run through all national workshops and assessments. Academic studies in leadership will become a core requirement for Candidates completing the full university Masters Degree program. A training module is being developed to support development of Candidates' self awareness and will include self audit and peer review, reflective writing in two journal pieces and studies of relational leadership.

Training in research is also being strengthened. Prior to 2008 Candidates completed a management case study for assessment. Commencing in 2012 Candidates will be required to attend a webinar on health services research, submit a research proposal for assessment and complete a research based case study. (Refer to Standard 3 for further information).

- **Advanced Standing in the RACMA Fellowship Training Plan**

As is outlined in Standard 3, RACMA has continued to develop its process for determination of advanced standing (recognition of prior learning) in response to interest from increasing senior specialists in management positions. The College has added significant rigour to the process by which these senior doctors apply to join the RACMA Fellowship Training Program. The revised application process involves a 2 hour interview and evaluation by a RACMA Panel of 3 senior Fellows. Those applicants who demonstrate a high level of existing competency against the RACMA *Medical Leadership and Management Curriculum* competency framework are awarded advanced standing for the practice component of the Fellowship Training Program. Competency gaps are identified and an Annual Training Plan is developed to guide the study required to address these gaps. In addition, Candidates complete a modified Fellowship Training program over a minimum 12 months. These accelerated pathway Candidates participate in the same Pre- Fellowship oral examination as Candidates without advanced standing.

Additional detail is available on:

http://www.racma.edu.au/index.php?option=com_content&view=article&id=481:annual-training-plan&catid=4:candidates-corner&Itemid=239.

- **Maintenance of Professional Standards**

In response to changes under national registration the Board has identified a professional development program option for qualified specialist medical administrators who have ceased their Fellow membership status with RACMA. (Please refer to Standard 9).

- **Non-specialist Associate Fellowship Training Program**

A new training program commenced in 2011 and has been specifically developed and approved by the Education and Training Committee for the award of Associate Fellowship.

Consideration is being given in 2012 to further development of this program as a possible pathway to the Fellowship Training Program.

AMC STANDARD 3: Education and Training in Medical Administration

The accreditation standards that relate to this section of the 2008 Accreditation Report are as follows. The numbers correspond to the numbering of the current accreditation standards.

3.1 Curriculum framework

3.1.1 For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

3.2 Curriculum structure, composition and duration

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

3.2.2 Successful completion of the training program must be certified by a diploma or other formal award.

3.3 Research in the training program

3.3.1 The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

3.3.2 The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

3.4 Flexible training

3.4.1 The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.

3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.

3.5 The continuum of learning

3.5.1 The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 progress report is provided below.

AMC Recommendation 10

Embed the curriculum in all areas of education and training including selection, assessment, recognition of prior learning, professional development, appraisal of overseas-trained specialists, and report annually on progress in these developments.

Work on Recommendation 10 is progressing. The AMC notes that the College clearly appreciates the value of purpose definition, curriculum development and subsequent blue-printing of process to curriculum. RACMA is asked to report on its progress in 2012.

RACMA Response to Recommendation 10:

As previously highlighted, the RACMA *Medical Leadership and Management Curriculum* has been documented. The College continues to refine policies and processes to support the embedding of this framework into its training and education programs. At all times, workable transition arrangements have to be made to ensure Candidates already part way through their training are not disadvantaged by ongoing developments and refinement.

Below is a summary of the main areas where work has progressed with respect to transiting to the *Medical Leadership and Management Curriculum* framework.

- **Selection of Candidates**

Only 20% of RACMA candidates enter the Fellowship Training Program at registrar level. RACMA is involved in the selection of those candidates who are recruited to government funded registrar positions. To assist in the conduct of interviews for training positions, a series of interview questions mapping back to the curriculum competency roles has been developed.

The remaining 80% of RACMA candidates enter the Fellowship Training Program and undertake their training while in substantive management roles/positions. These candidates undergo a selection process which involves application, referee checks and may involve discussion with the Jurisdictional Co-ordinator of Training. Applicants are approved by the Education and Training Committee through the Credentialling Committee.

In addition, applicants for entry to the Fellowship Training Program via the accelerated pathway, must satisfactorily complete a two hour interview process by a panel of three senior College Fellows to be selected to become candidates.

In all interviews conducted by the College, the *Medical Leadership and Management Curriculum* framework informs the questions asked and final assessment of the applicant for Candidacy

- **Advanced Standing/Recognition of Prior Learning (RPL)**

The College continues to focus on refining the alignment and processes applied to the RPL as explained below in our response to Recommendation 17.

- **Masters Degree program**

The College has recently completed a review of the Masters degrees programs undertaken by its candidates. The audit involved mapping the core content requirements of the *Medical Leadership and Management Curriculum* with the content/scope of the Masters degrees being selected by the Candidates.

With the renewed focus on leadership and research training, it has been agreed to add two additional subject requirements for Candidates completing the university Masters degree program, i.e. subjects in research methods and leadership. This requirement will be phased in, commencing 2012.

The Board has supported, in principle, a return to a recommended list of Masters degrees that meet in full the College's curriculum requirements and the strengthening of relationships with these universities.

Further detail about Masters Degree studies for Fellowship Training can be accessed on: http://www.racma.edu.au/index.php?option=com_content&view=article&id=398&Itemid=112

- **Professional development**

The RACMA *Medical Leadership and Management Curriculum* supports the structure and functioning of the College's CEP Program. This is outlined in detail in standard 9.

- **Appraisal of overseas specialists**

RACMA maintains specific policies with respect to the appraisal of overseas specialists who are seeking vocational registration with an Australian Medical Board, and a second policy with details the policies and procedure to be followed with respect to international medical graduates seeking vocational registration with the Medical Council of New Zealand. These policies are consistent with the requirements determined by each regulatory authority respectively and available on:

http://www.racma.edu.au/index.php?option=com_content&view=article&id=24:assessing-international-medical-graduates-seeking-racma-fellowship-&catid=1:college-policies&Itemid=232

http://www.racma.edu.au/index.php?option=com_content&view=article&id=23:assessing-international-medical-graduates-seeking-racma-fellowship-nz&catid=1:college-policies&Itemid=233

The College is also cognisant of the relationship between the RPL project work, and its methods of appraisal of overseas trained specialists, and will refine the appraisal system as necessary to ensure it provides an objective appraisal of the existing level of competencies in medical leadership and management (and/or gaps) of the overseas trained specialist.

AMC Recommendation 11

Consider incorporating formal training in direct consumer communication.

Recommendation 11 is progressing well, with the College's intention to incorporate consumer communication noted. The College is requested to report on the progress of this in 2012.

RACMA Response to Recommendation 11:

RACMA has recently initiated communications with the Consumer Health Forum of Australia and during 2012 will explore opportunities for integrating consumer perspectives into the Education and Training Committee deliberations; and secondly to inform and strengthen the progressive development and embedding of Consumer input into the curriculum over the next 2 years.

With respect to formal training in direct consumer communication, the College has recently introduced Consumer Engagement as a topic in the Interact Program. As a result of a recent webinar on 'Consumer Engagement', facilitated by the CEO of Consumers Health Forum of Australia

and this workshop was well attended with most participants being involved in consumer advocacy systems operating within their workplace.

At its May 2012 Board meeting a representative from the Consumer Health Forum of Australia will be in attendance to discuss the options available to the College to introduce a consumer perspective into the activities of the College.

AMC Recommendation 15

Ensure the training and assessment addresses gaps identified through the process of curriculum development. In particular, consider the requirements of fellows specific to New Zealand, including issues such as the funder/provider split, obligations to the Treaty of Waitangi, and issues relating to cultural competence and health disparities of New Zealand Maori and other ethnic minorities.

Recommendation 15 is showing pleasing progress, with commendation for the significant work undertaken on embedding cultural competency in the curriculum. An update is requested in the next report.

RACMA Response to Recommendation 15:

RACMA has introduced training in cultural competency and Indigenous Health into the training program for all Candidates and Faculty.

In 2011, a Board Working Party developed a Cultural Competency Position Paper 1 – Management of Healthcare Services for Indigenous populations in Australia and New Zealand. This policy has underpinned the development of a series of webinars and access to three e-module study sets for Candidates and Faculty to study. The two webinar series aims to equip Medical Leaders with the knowledge, skills and attitudes to manage a health care environment for Indigenous persons, which is culturally appropriate, sensitive and inclusive. A further aim is to lead and influence positive change and quality improvement in Indigenous Health through professional, systemic and organisational management.

This program also allows RACMA members to undertake the Indigenous Health online programs developed by the Royal Australian College of General Practitioners (ACGP), Mauri Ora Associates (from NZ) and Remote Area Health Corps (RAHC).

A selection of Candidates sitting the final Fellowship exams in 2012/2013 is piloting this program and those that participate will be able to record this activity as a Management Practice Folio (MPF) activity. The program will become compulsory for all Candidates from 2013.

Participation in this program by Fellows will be counted as approved CPD activity. Additionally, from 2013, evidence of cultural competency and Indigenous Health learning will become a mandatory CEP activity.

In addition, the College will commence a webinar program: Cultural Context and Communication in 2012. This program will feature senior Fellows of RACMA who have practised the speciality in different cultural contexts. Discussion will draw out the learning around effective communication within culturally different settings. This learning will be incorporated in the Colleges position statement on cultural awareness and practice. Podcasts will be developed from the webinar series.

The College's Cultural Competence Position Paper is enclosed as Attachment 7.

AMC Recommendation 17

Continue its commitment to providing a blueprint that details the decision-making process leading to the award of RPL, which would benefit future Censors-in-Chief, as well as clarify the process for candidates applying for credit for prior learning.

Recommendation 17 is progressing steadily, with the College's review of the RPL process and application of a more rigorous application process noted. An update is requested in the next report.

RACMA Response to Recommendation 17:

As highlighted in Standard 2, RACMA makes provision for appropriate applicants to obtain advanced standing with respect to experience and training which pre-dates the commencement of approved RACMA training. The formal recognition of prior learning (RPL) is one form of advanced standing (the other component is 'Credit' for formal academic studies) and focuses on the recognition of an applicant's skill and knowledge, achieved outside of the formal education and training system.

In 2011, the College revised its policy and applications processes with respect to applications for advanced standing in the Fellowship Training Program. The application process focuses on job evaluation and competency principles, with referees needing to have been the applicant's line manager for the previous three appointments. Panels of senior RACMA Fellows interview applicants using interview questions mapped back to the College's competency framework. The award of RPL and entry to the Fellowship Program is then supported with a training plan derived from the Panel interview and evaluation of competency.

In late 2011, the Board approved a revised policy and procedure with respect to managing applications for advanced standing. This policy encompasses definitions, responsibilities, related documents (policies) and how an award of advanced standing impacts on the Fellowship Training Program.

This policy and procedure is posted on the public section of RACMA's website, thus accessible and available to all Candidates and potential Candidates, and other interested personnel. It is available on:

http://www.racma.edu.au/index.php?option=com_content&view=article&id=47:application-for-advanced-standing-recognition-of-prior-learning-and-credit&catid=2:college-regulations-and-guidelines&Itemid=133

A major piece of work is to commence in 2012 which will involve evaluating the relationship between the awarding of advanced standing and the modularisation of the syllabus. This is needed to ensure appropriate alignment of training programs for Candidates with varying amounts of time reduction awarded through the advanced standing process.

AMC Recommendation 18

Establish a clear process for teaching and assessing the defined competency of Scholar. The College could give consideration to funding research initiatives, to support new researcher, in recognising more formally research participation and in making research activity more weighted in the

requirements of fellowship training. In 2011, the College is asked to report on how it is meeting AMC standards concerning trainees' formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and how it encourages trainees to participate in research.

Progress on Recommendation 18 (and the supplementary question) appears to be slow; an update showing how these issues are being addressed is requested in 2012.

RACMA Response to Recommendation 18:

RACMA acknowledges that progress appears to be slow. However a significant body of work in related areas has been required first and has been completed.

RACMA has always had a requirement for Candidates to complete university Masters Degree studies in which Epidemiology has been a core subject requirement. A small number of Candidates has chosen to do a research project as part of their Masters Degree. The requirement for studies in epidemiology was designed to underpin the written case study requirement in the Fellowship Training Program. The Management Practice Folio (MPF) requirement introduced in 2008 also permitted the submission of papers to the College journal and refereed journals, in parallel to a shift to reflective writing in the case study.

Notwithstanding this, the College has taken on board the AMC recommendation and RACMA has undertaken extensive planning over the last 12 months to plan how it will strengthen its training in health services research. This is now recognised in the *Medical Leadership and Management Curriculum*, wherein there is a commitment to support and build further on the requirement of Candidates to complete a written case study for assessment and presentation in their final year of their training. The new research program will build on Candidates' requirements in their Masters degree studies in epidemiology and research methods.

Requirements

Commencing in 2012, the RACMA health services training research program will bring together the following current and new requirements:

- University Masters degree studies in Epidemiology and Research Methods
- Supervised medical management experience – this provides the source and context for a research based case study
- Participation in a health services research webinar in Semester 1 of Candidacy
- Conduct and submission of a research project in the workplace context and utilising health services research methodologies
- Presentation of the research paper for assessment at the pre-Fellowship Examination, a Jurisdictional Committee Forum or the RACMA Annual Scientific Meeting.

Health Services Research Webinar 2012

The Health Services Research Webinar provides relevant content about research ethics, a pre-existing online program that all Candidates will be recommended to engage in from 2012 onwards. Content to be covered during this webinar encompasses the following topics:

- Definition of Health Research
- Health Services Research at RACMA
- Components of Health Research
- Theoretical perspectives in health services research, methods and methodology

- Research methodology and methods
- Examples of qualitative research in health services
- The importance of research questions
- Ethical issues in health services research
- Governance of research
- Research Publication
- Journals associated with health services research.

The target audience for this introductory research training includes Candidates, College Faculty, and RACMA Fellows. A highly respected and experienced medical researcher and educationalist has been confirmed as the guest presenter/facilitator.

The webinar will be evaluated via a survey and teleconference with randomly selected participants, and the findings used to inform the other developmental work occurring with respect to developing a structured research training programme/module.

A Censor for Research and Case Studies has been appointed in 2012.

Further detail can be accessed on

http://www.racma.edu.au/index.php?option=com_content&view=article&id=483:health-services-research&catid=4:candidates-corner&Itemid=242

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 3, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. A summary of how the College's plans for curriculum change have evolved since 2008. Append the College's Training Handbook or other documents that detail the learning objectives, curriculum and mandatory training requirements.
- b. The College's critical analysis of its progress against its own plans for curriculum development, curriculum challenges remaining and strategies to address them.
- c. An outline of plans for further development of the education and training program.

RACMA Response:

a. Development of the Curriculum 2008 – 2012

Since 2008 the College's curriculum has continued to evolve in response to Faculty and Candidate feedback, and external consultation. Of particular note are the following developments and inclusions:

- Reflective practice and reflective writing case study as a learning and assessment strategy. Supported with a reflective writing workshop for Candidates and Faculty. (introduced 2008)
- Management Practice Folio – a collection of Candidate writings taken from the workplace context. (introduced 2008)
- Continuing development of the advanced standing process – 2009 - 2012
- Compulsory question included in the Pre-Fellowship Oral Examination (introduced 2011)

- MiniMex- management simulations - introduced as a pilot in 2011
- Webinar series for Candidates and Faculty – introduced in 2011
- Delivery of a workshops program in New Zealand for doctors interested in medical management (2011)
- Introduction of two Pre-fellowship Oral Examinations to cope with increased Candidate load (2011 and 2012)
- Indigenous Health Learning program (commenced 2012)
- Annual Master Class series – commenced 2011 with two master classes
- Communications Workshop for second year Candidates (commences 2012)
- Faculty Education Webinar series (commenced 2012)
- Candidate Induction Webinar (commenced 2012)
- Review of the University Masters Degree subject requirements – undertaken 2011/2012
- Preparation for series of webinars relating to cultural awareness and communication – to be conducted in 2012
- Continued development of the process for accreditation of training posts – 2011 and 2012
- Annual Training Plans for all Candidates – commenced 2011
- New In-training Assessment - increased in 6 monthly in 2012

In addition, documentation of the *RACMA Medical Leadership and Management Curriculum* was completed in 2011. The Curriculum articulates the seven CanMEDS roles and adds a renewed focus on Leadership. This is shown in the Figure 3.1 below:

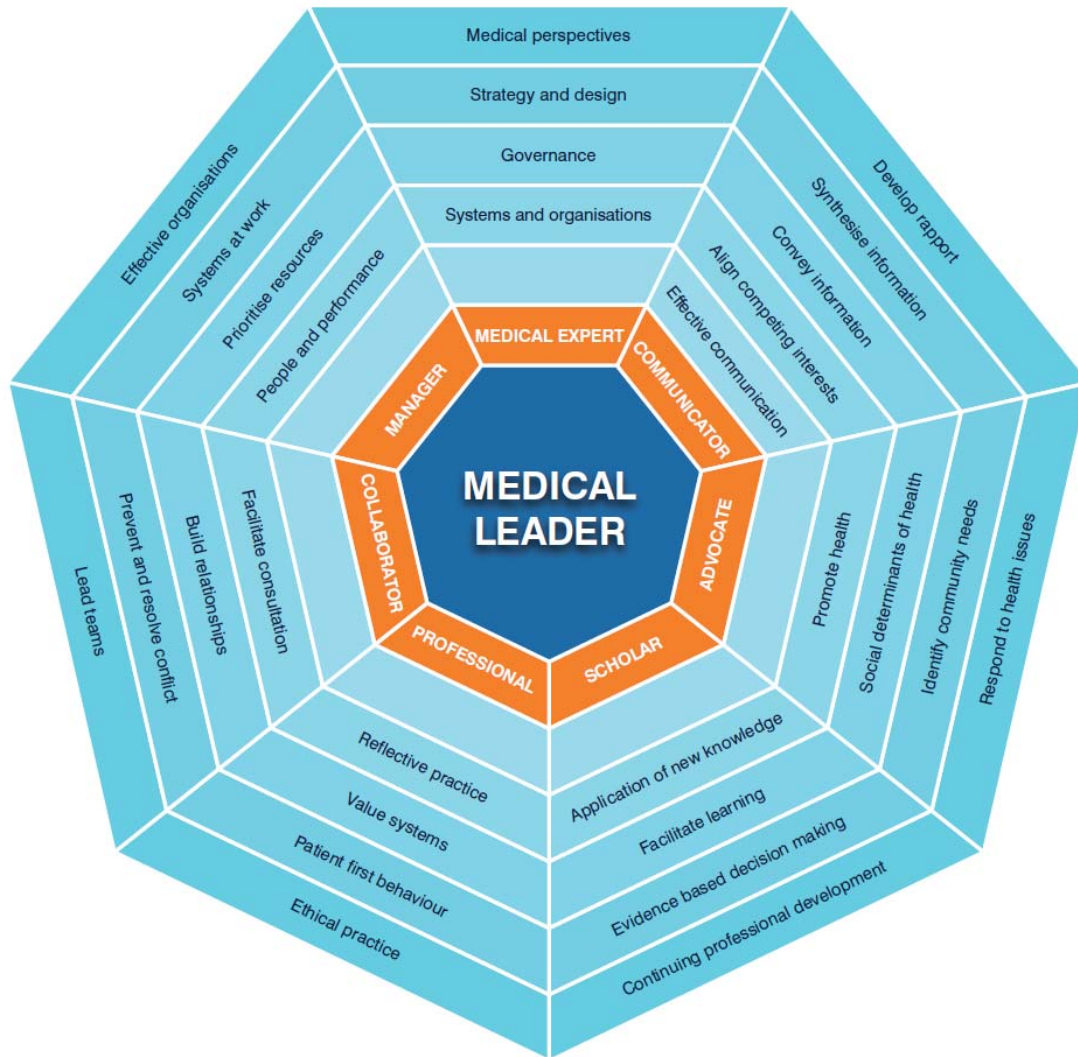


Figure 3.1

The competency framework is structured around Role Competencies, key goals and enabling competencies and objectives.

Work has commenced to review and align the national teaching syllabus and learning strategies, resources and assessment instruments to deliver the revised framework.

A copy of the *RACMA Medical Leadership and Management Curriculum* is enclosed. (Refer to Attachment 1).

b. Critical analysis of Progress

Publishing of the *RACMA Medical Leadership and Management Curriculum* illustrates evolution of the RACMA education and training program between the period 2006 – 2012. This is testimony to the contribution of College Fellows and employees over this period. The RACMA Board is satisfied with this progress and College members report a strong sense of progress, professionalism and increasing rigour and variety in the provision of member services. There is a strong sense of engagement in College activities and succession is evident in the increasing number of younger and new Fellows becoming involved in national and jurisdiction committees.

The growth displayed is not without continuing challenges and these include:

- Communication about the RACMA *Medical Leadership and Management Curriculum* and the management of change among older Fellows and pipeline Candidates
- Upskilling of College Fellows in the knowledge and skills required of them as educators
- Workloads on Censors, Preceptors and staff and the requirement to manage priorities
- Candidate involvement contributes a new dimension in decision forming and managing change; decision makers are increasingly more accountable for decision making
- Curriculum development has paralleled huge change in College governance, in part due to the new RACMA Constitution 2009. This has meant new and additional committees requiring support, new Faculty members in need of briefing and upskilling
- Increase in trainee numbers adds significantly to administration in a variety of ways

As far as the College is concerned progress is according to plan, even though there are some AMC recommendations e.g. introduction of the research training program which appear to have progressed slowly; consumer engagement in governance is only now being discussed by the Board.

RACMA is a small College with a small number of staff required to maintain operations and also respond to strategic initiatives and requirements. Continuous improvement is the management philosophy and underpins the College's progress.

c. Future Plans

Work is in progress to:

- Map the awarding of advanced standing (RPL and Credit) to Candidates to specific curriculum requirements
- Map to the Dreyfus progression model a staged competency development process throughout the RACMA training continuum and to explore further modularisation of the training syllabus (*Refer to Standard 4*)
- Review the Indigenous Health and Cultural Competency on line programs later in 2012
- Continue pilot of MiniMex in 2012 with a view to scheduling a three year program to develop rigour and reliability in the use of simulated management training exercises and subsequent evaluation of the MiniMex as a summative assessment tool (*Refer to Standard 4*).
- Develop more on line modules, and other educational/training activities for both Candidates and Fellows (*Refer to Standard 4*)
- Develop Self assessment and peer review tools for both Candidates and Fellows (*Refer to Standard 9*)
- Systematise Accreditation of training posts (*Refer to Standard 8*)
- Develop the suite of formative assessment tools (*Refer to Standard 5*)
- Deliver a bi-monthly on-line RACMA Faculty Education Program (*Refer to Standard 8*)
- Refinement of Candidate program planning and monitoring - Annual Training Plans and six monthly In-training Assessment reports. (*Refer to Standard 5*)
- Revert to one annual Pre-Fellowship Oral Examination to be conducted in March commencing in 2013
- Commence delivery in 2012 of a training program in health services research for Faculty and Candidates

- Implement an 'outreach' coaching service (Scholarly Doctor program) for Candidates in 2012
- Transition the reflective writing case study to reflective writing journal activity and replace the case study with a research based case study (as part of the research training program)
- Strengthen relationship and role of Candidate Advisory Committee in formalising feedback to the College on education and training proposals (*Refer to Standard 7*)
- Redevelopment of non-specialist training program leading to the award of Associate Fellowship; consider/evaluate the potential for the program to articulate with the Fellowship training program (Refer to Standard xxx)
- Develop the Management for Clinicians (a CEP program activity) into a national program for delivery at jurisdictional level.
- Develop the Young Doctors Program into a national program for delivery at jurisdictional level.

AMC - STANDARD 4: Teaching and Learning Methods

The accreditation standards that relate to this section of the 2008 Accreditation Report are as follows. The numbers correspond to the numbering of the current accreditation standards.

- 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- 4.1.2 The training program includes appropriately integrated practical and theoretical instruction.
- 4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 report is provided below.

- 14 *Use opportunities locally for the College boards of studies to encourage greater alignment of university master degree courses to the needs of candidates, and to contribute to the development of relevant units of study within these courses.*

Recommendation 14 is progressing slowly, with the significant timelines involved acknowledged.

RACMA Response to Outstanding Recommendation 14

In 2011 the RACMA Board supported a national review of the Masters Degree program. This has been completed and the Training Committee has accepted recommendations to:

- Include Leadership and Research Methods subjects in the list of required academic studies. (*Refer to Standard 3*)
- Reduce the range of 'complying' Masters Degrees and recommend these to Candidates (ensuring that at least two university programs are recommended in each jurisdiction in Australia and New Zealand).
- Regularly review the Masters Degree programs in consultation with Jurisdictional Co-ordinators of Training. (*Refer to Standard 3*)
- Develop stronger relationships with the recommended universities.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 4, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. Summarise the teaching and learning methods used in the different components of the program and identify any changes since 2008 as a result of the curriculum development.
- b. Comment on the range of educational activities available to candidates and their accessibility, with emphasis on any developments since 2008.

- c. Any other planned developments that relate to this set of Accreditation Standards.
- d. Supporting documents, such as policy papers may be provided via web links.

RACMA Response

a. Overview of Teaching and Learning Methods

As detailed previously in Standard 3, RACMA's medical administration training is based on a curriculum which describes the goals, capabilities, and objectives to be achieved from delivery of learning experiences and training activities. In addition to defining the learning outcomes the RACMA *Medical Leadership and Management Curriculum* describes:

- Models of learning and educational strategies that form the learning pathway,
- Suggested learning activities for candidates, and
- How a candidate is assessed (assessment framework)

Models of Learning

RACMA's *Medical Leadership and Management Curriculum* incorporates two core learning theories, Millers Triangle² and the Dreyfus Model of Skill Acquisition³.

Millers Triangle – Model of Clinical Competence

Miller's Triangle represents a model for the staged attainment of learning outcomes. Every step of the learning developmental process represents the underlying building block for the next level of learning:

- Knows: The knowledge one must have to be able to fulfill future tasks (within a competency).
- Knows how: Whether a Candidate knows how to use the knowledge.
- Shows how: A Candidate is able to show that he/she can perform in a simulated environment (based on his/her knowledge).
- Does: Acting independently in the complex situation in an everyday context.

The last step demands thorough analysis in how to incorporate a skill into an everyday situation and still being able to reflect on it as a learning experience.

This model enables RACMA to range and measure a Candidate's progression from cognition – knowledge acquisition and attitudinal change, through to performance – contributing to the environment, and demonstration of aptitude.

Moving from KNOWS to KNOWS HOW, Candidates should provide evidence of codified knowledge acquisition and an understanding of using this knowledge. Once a Candidate demonstrates the application of this knowledge in varied and complex situations, performance is observable and tacit knowledge assessed (SHOWS HOW and DOES).

Dreyfus Model of Skill Acquisition

The progression of a Candidate through the RACMA curriculum to assessment as a competent medical administrator is mapped to the Dreyfus model of skills acquisition.

² Miller, GE. 1990. The Assessment of Clinical Skills/Competence/Performance. *Academic Medicine*, September Supplement, 65 (9).

³ Dreyfus, SE. 1980. A Five Stage Model of the Mental Activities Involved in Directed Skill Acquisition. University of California.

The principles of this model are that situational understanding develops (novice) and intuitive decision-making occurs, with many of these developments being tacit (competent/proficient). This provides a suitable benchmark “label” for each level of Candidate progression.

Figure 4.1 below illustrates the gradual attainment of competency over time as the Candidate gains more experience and their situational understanding deepens.

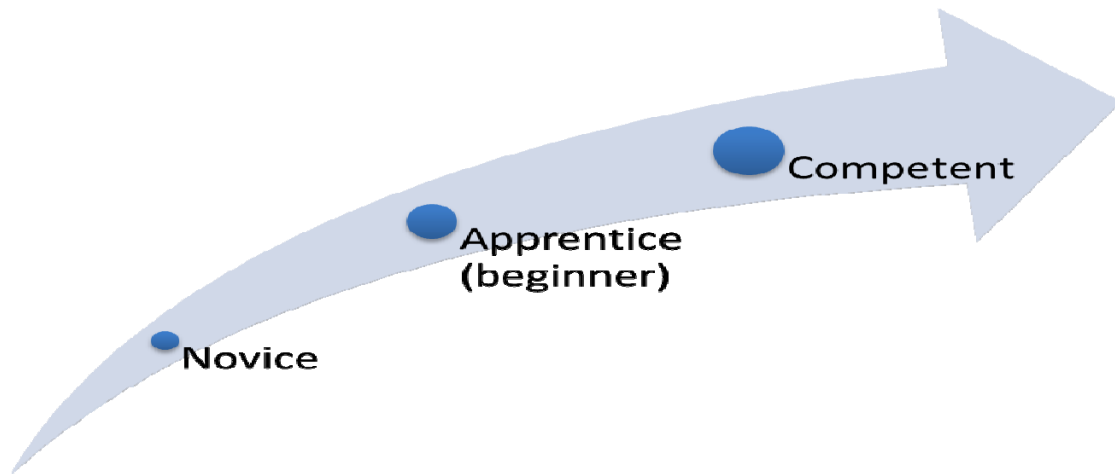


Figure 4.1

Teaching Activities

The Curriculum describes learning opportunities for Candidates through a range of activities that stimulate knowledge and skill acquisition.

Broadly speaking there are three contexts for learning:

Academic learning in the Fellowship Training Program is derived through the Master's Degree program, which presents theoretical, research based knowledge, used as a platform/basis for discussing and reflecting on 'real' events to construct knowledge and understanding (i.e. learning). This is extended by other College learning contexts e.g. workplace and national programs run by the College.

Workplace based learning is derived through the Candidate's supervised/mentors work experience i.e. as the adult apprentice. Action based/workplace learning has been the predominate strategy for medical learning and is the most important educational strategy for professional skill development and Millers "shows how" and "does". Workplace learning is a major teaching/learning method for RACMA training.

National College workshops, written assignments, feedback processes enable the *integration* of learning. National College teaching methods bring together reflection and reflexive learning processes, simulation and behaviour learning, case-based problem solving, and collaborative learning.

b. Range of Educational Activities Available

The College coordinates and integrates learning activities undertaken in university and health service workplace settings.

- *Workplace settings*
Table 3 on page 28 in the RACMA *Medical Leadership and Management Curriculum*, details a range of learning activities for Candidates. While not included in the curriculum document, the College has prepared a more detailed program of suggested learning activities for inclusion in syllabi developed at Jurisdictional levels.

From 2012 all Candidates are required to complete an Annual Training Plan (ATP) in discussion with their Supervisor and Preceptor. These Plans should reflect work place the range of learning experiences mapped back to the *Medical Leadership and Management Curriculum*. Candidates' plans should reflect progression through the competency continuum. This curriculum now more rigorously describes the Candidate training pathway.

- *Theoretical studies at Masters Degree level*
In the Fellowship Training Program, the academic learning is derived from the Master's program. Candidates are guided in the choice of their academic studies by the College requirement for selected core subjects. From 2013 these core subjects will include studies in research methods and leadership. This decision was taken by the College following a review of the Masters Degree program in 2011/2012 to ensure that theoretical studies supported additional requirements in the *Medical Leadership and Management Curriculum*.

The formal university Masters Degree studies (often taken concurrently) contribute the theoretical understanding to underpin the practice of management. This integrated learning is supplemented by the various College national training activities, e.g. workshops, and assessment tasks.

While undertaking their studies, Candidates maintain their general registration as required by the Medical Board of Australia and the Medical Council of New Zealand and continue the professional development required for any existing medical qualifications.

From 2012 the Candidate, Supervisor and Preceptor will engage in a six monthly evaluation of progress. An In-Training Assessment (ITA) report will be completed. (Note: this has replaced the annual Preceptor Report).

- *National workshops, written work and assessment*
The College continues to deliver an annual program of workshops and assessment tasks as previously reported in Annual reports.

National workshops are important events for the Candidate to establish connections with other medical administrators and management networks. These opportunities evaluate strongly.

- *Jurisdictional training programs*
Each Jurisdictional Committee of RACMA provides a supplementary but very important program of training for local Candidates. This may include monthly meetings and teleconferences, trial exams and coaching. These programs are run by senior College Fellows. The RACMA Training Committee has an action plan to identify the syllabus for

these Jurisdictional programs to ensure alignment with the curriculum and Candidate Annual Training Plans.

Significant changes since 2008 include:

- New Communications Workshop in the second year of Candidacy: commenced 2012
- MiniMex simulations pilot: commenced 2011
- Indigenous Health Learning program involving e-learning and webinars: pilot commenced 2012
- Cultural Awareness Webinar series: to commence in 2012
- Interact Webinar series: commenced 2011
- Reflective writing was introduced in 2008 and has been a component of the assessment process supported by reflective writing workshops. Reflective writing will transition to the leadership program theme as a formative learning activity. Journal writing will replace the reflective case study for all Candidates commencing 2012. The reflective writing case study will be replaced with the research based case study for all Candidates commencing 2012.

The College has increased its use of webinars to provide ease of access for Candidates and Fellows. These national programs are well attended with registrations of 50 or more not uncommon. Podcasts are available for those unable to attend. The 2012 schedule of webinars can be accessed on:

http://www.racma.edu.au/index.php?option=com_content&view=article&id=449:interact-training-program&catid=93:workshops&Itemid=108

c. Planned Developments since the 2008 accreditation

Other planned developments relating to this standard include:

- *Review of Content of Masters Degrees*

RACMA has recently undertaken a review of the core study requirements covered by a Candidate undertaking a full Masters Degree program. This has led to the inclusion of studies in leadership and research methods to support the renewed focus on medical leadership and training in research in the *Medical Leadership and Management* curriculum.

Please refer to Standard 3 – Education and training in medical administration.

- *Workplace Accreditation*

Due to the importance of the quality of the workplace/position of the RACMA candidate, RACMA has developed and implemented a workplace accreditation process to ensure a Candidates' workplace offers the appropriate resources and opportunities to support RACMA competency development.

Accredited training posts are those which have the capacity to provide the experiences and training required to satisfy RACMA's standards and Candidate training needs. All health sector organisations and service providers have to meet a set of minimum standards – the scope of which encompasses the physical resources, management structure and philosophy, the learning/teaching environment, availability of suitable supervision/preceptors, as well as the executive position of the individual Candidate.

The assessment and decision to accredit a RACMA training post is undertaken by an Accreditation Panel, which undertakes a site visit to all workplaces seeking RACMA training accreditation status. Once the panel has made their assessment, the final decision regarding the accreditation of a specific training position is made by the Education and Training Committee.

Accreditation is normally for a period of 4 years. If a Candidate relocates their employment position during their training, the new training post also needs to be a RACMA approved position.

Please refer to Standard 8 – Educational Resources

- *Use of Simulated Management Learning (MiniMex)*

In 2011, RACMA established a working party of the Board of Censors to explore the possibility of introducing simulated management exercises (MiniMex) into the RACMA training program. A comprehensive discussion document detailing the types of simulation activities which could be undertaken, at each level of training, assessment method, the potential benefits to Candidates, and Preceptors was developed. Additionally, content included the mapping of the competencies to the skill level and appropriate tasks to be assessed in each year of Candidacy, the College set up a pilot MiniMex exercise in September 2011.

The pilot involved 5 MiniMex stations (refer to Table 4 below) each presenting the Candidate with a different management related task which they typically encounter in their workplace. A score sheet was designed for each exercise denoting what competencies and skills were being assessed and if each component of the exercise is completed satisfactorily or not. An overall result of Satisfactory or Unsatisfactory was given for each exercise.

Table 4: Sample Minimex Scenarios

Station	Exercise	Method
One	Preparation of a Media or ministerial briefing on an emergent issue.	The Candidate is given a document outlining an issue and must prepare a briefing document for the CEO.
Two	Director of Medical Services In-tray	Candidate is given an In Tray with a variety of items and an action list. They are required to prioritise the tasks and then explain the action plan to their EA who will be meeting with them in 15 minutes.
Three	Prepare Power Point Presentation for Board or Executive	The Candidate must examine some compelling data about an important clinical/administrative situation and prepare 5 or 6 slides that form the basis for an influencing argument for the Hospital Board or Executive.
Four	Interview with a distraught	The Candidate must conduct an interview with

	parent about an adverse event.	a distraught parent about a serious adverse event involving a member of their family – using ‘open disclosure’ methodology.
Five	Counselling of junior registrar	The Candidate conducts a meeting with and counselling a junior registrar who is seeking advice about a difficult and ethically overlaid case they have had to deal with and they believe they have not managed well. The registrar feels depressed and that they have ‘let their colleagues and the hospital down’. The JMO declines to have a support person present.

Examinees agreed that the MiniMex was a useful training activity, and provided insight into their competency gaps and made them think about their management styles. There was support for the inclusion of MiniMex in the training program, with a potential for inclusion as a summative assessment activity.

Following this pilot event, it has been decided to define a significant 3 year MiniMex Pilot Project. The Board will be asked to rescale this project. The goals and measurable objectives will be set with a view to determine if the MiniMex can be a reliable assessment activity and developed into a multi-modal summative assessment program in the College. The results of this project will be reported in 2016.

In preparation for this project to commence formally in 2013, MiniMex learning activities will be incorporated in national workshops for candidates.

- *Annual Training Plan - Planning for Competency Development*

Planning for progressive competency development is important to ensure that a Candidate achieves medical leadership and administrative competencies. This is achieved by the annual requirement for Candidates to develop an individual training plan.

This plan is developed in conjunction with a Candidates Supervisor and Preceptor and involves aspects from each of the components of the training program – their involvement in RACMA facilitated training (webinars, workshops etc), formal university study, and workplace projects.

The template for an Annual Training Plan is enclosed as Attachment 8.

Please refer to Standard 6.

- *In-Training Assessment Report*

From 2012 Candidates will undertake an assessment of progress every six months. Reports against the Annual Training Plan will be completed and submitted to the College. The Censor in Chief will conduct a meeting with Jurisdictional Co-ordinators of Training to discuss the progress of Candidates.

Please refer to Standard 5.

- *Research Training Program*

As explained previously, this program will commence in 2012 with a modified transitional program for pipeline Candidates. The program will include a webinar on health services evaluation research, a case study proposal and completion of a research based case study. The research proposal and the case study will be assessed.

STANDARD 5: Assessment of Learning

The accreditation standards that relate to this section of the 2008 Accreditation Report are as follows. The numbers correspond to the numbering of the current accreditation standards.

5.1 Assessment approach

- 5.1.1 The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- 5.1.2 The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- 5.1.3 The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.

5.2 Performance feedback

- 5.2.1 The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.
- 5.2.2 The education provider facilitates regular feedback to trainees on performance to guide learning.
- 5.2.3 The education provider provides feedback to supervisors of training on trainee performance, where appropriate.

5.3 Assessment quality

- 5.3.1 The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 report is provided below.

Rec 19 Review the process for the Report on Candidate by Preceptor and Supervisor.

RACMA Response to Recommendation 19:

The Report of Candidate by Preceptor and Supervisor is now the *In-Training Assessment (ITA) Report*.

The ITA has been redeveloped to reflect the *Medical Leadership and Management Curriculum* requirements and progression model. This is being implemented in 2012. Candidates will complete the report every six months up to sitting the Pre-fellowship Oral Examination.

The guideline and template of the ITA is enclosed as Attachment 9.

The ITAs will be reviewed by the Jurisdictional Co-ordinators of Training ahead of a meeting with the Censor in Chief. The meeting with the Censor in Chief will be introduced in 2012 and centre on discussing the progress of Candidates as revealed through the ITAs. Data from the ITAs will be entered in the College education data base to enable jurisdictional and national level reports to be

generated. It is proposed to explore training results and outcomes through this process. External expertise may be sought as appropriate to support the development of standards for evaluating the effectiveness of the workplace training programs in achieving the curriculum goals and objectives.

An ITA working party has been established to develop the current paper based ITA into an on-line system. A parallel exercise will be to link the Annual Training Plans and the ITA so that a continuous improvement and monitoring loop is established.

This project is anticipated to be operational from 2014 after piloting in 2013.

Rec 20 Develop a process to collect data, then analyse and act upon the results obtained, with the aim of an improvement in quality, reliability, consistency, rigour and professionalism in the processes of assessment and examination, performance feedback and counselling

RACMA Response to Recommendation 20:

It was reported in the 2011 Annual Report that the Board of Censors continues to review assessment tools in terms of their utility and mapping to the *Medical Leadership and Management Curriculum* framework and the curriculum progression model. Examiner calibration and standard setting exercises continue to be undertaken by those who were involved in assessing the 2011/2012 Reflective Case Study and the October 2011 and March 2012 Pre-Fellowship Oral Examinations. A review of scores to monitor consistency of examiner performance in the oral exams is being undertaken. The October 2011 and March 2012 Pre-Fellowship Oral Examinations will be discussed further at the forthcoming Censors Workshop in April 2012.

The rigour of the Oral examination will be increased by the introduction of compulsory questions in 2012. The inclusion of a compulsory question was piloted in 2011 during the national trial examination. From 2012 there will be two compulsory questions in the final oral examination.

The Censor in Chief has introduced a formal one-on-one feedback session with Candidates who elect this and this feedback session is held after the Pre-Fellowship Oral Examination.

From 2012 Candidates no longer receive their Pre-Fellowship Oral Examination results immediately post examination. Results are provided 48 hours from the end of the examination period by electronic means. This decision was taken in the best interests of the Candidates and the Censors in mind, with a view to Candidates receiving their results in privacy and with the support of family, friends or other expertise. In addition, this process allows Censors to focus on the conduct of the examinations.

The piloting and proposed introduction of MiniMex simulations will increase the opportunity for Candidates to receive constructive and timely feedback on their management and leadership skills. As reported elsewhere, the Education and Training Committee is yet to decide if these simulations have a role as in assessment at the Pre-Fellowship Oral Examination. This decision will not be made for three years and only after the MiniMex pilot program has been thoroughly evaluated.

22 *Review procedures regarding unsatisfactory performance, performance feedback, remedial work, re-assessment and counselling including:*

- *providing greater direction on examination performance feedback to ensure a more consistent approach, for example, by providing written guidelines for those involved.*

- *reviewing and strengthening processes for providing constructive feedback to candidates who are required to re-submit their case studies.*

RACMA Response to Recommendation 22:

The Faculty Education Program will provide training in the provision of feedback, both written and verbal, to Candidates on their performance.

As reported under Recommendation 20 above, Candidates no longer receive their Pre-Fellowship Oral Examination results at the examination; there is a delay. This decision was taken so that Candidates who had failed the oral examination could receive their results in privacy and with the support of family, friends or other expertise. The Censor for Examinations conducts one- on- one conversations with Candidates and their preceptor if the Candidate requests this, to provide feedback on their examination performance.

In relation to case studies, Candidates receive written feedback on their case study and how it can be improved if they are awarded a rewrite. Case Study re-write guidelines have been reviewed and are available to Candidates on the College web site.

The Censor in Chief moderates the case study raw scores and speaks to the Preceptors of Candidates who fail or receive a rewrite so that the preceptor is better able to support the Candidate in re-writing.

Examples of the various guidelines provided to Candidates are enclosed as Attachments 10 – 17.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standards 5.1 to 5.3, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. An outline of the College's plans for review and development of its assessment strategies as they were in 2008 and how these have evolved since then. Comment on challenges remaining for the College and strategies to address these.
 - b. Provide a table showing the number and percentage of candidates who passed the various summative assessments in the training program at their first, second, third and subsequent attempts for the period 2009 – 2012.
 - c. Provide a table for the period 2009 to 2012 showing the number of candidates who withdrew from the program before completion and a summary of the reasons for withdrawal.
 - d. Append the document(s) provided to candidates that explains the assessment policy, the nature of the assessments and the standards of performance required.
 - e. Any other planned developments that relate to this set of Accreditation Standards.
- Supporting documents, such as policy papers may be provided via web links.

RACMA Response:

a. Outline of the Development of Assessment Strategies 2008 – 2012

The Board of Censors is the RACMA Committee responsible to oversee the development of assessment programs and to advise the Education and Training Committee.

Since the 2008 accreditation and feedback from the AMC, RACMA has annually reported the development work progressed in relation to its assessment processes. This has included:

- Improvement to the design of formative assessment processes e.g. Management Practice Folio (written work and evaluation feedback to support the summative written case study requirement)
- Moderation process applied to case study assessment
- Redevelopment of the national trial examination to 'mirror' conduct of the summative Pre-fellowship Oral Examination
- Statistical analysis of the results of the Pre-fellowship Oral Examination
- Pilot of, and now introduction of, compulsory questions in the Pre-fellowship Oral Examination
- Improvements in methods of feedback to Candidates and Preceptors about case study and examination performance
- Commencement of MiniMex – management simulation exercises – as learning (through practice and immediate feedback)/formative assessment activity.
- Review and redevelopment of the Preceptor Report into the In-Training Assessment Report mapped to the curriculum.

In 2012 the College has plans to further this work. For example:

- Mapping the In-Training Assessment (ITA) Report to the *Medical Leadership and Management Curriculum* and linking the ITA to the Candidate's Annual Training Plan. This will facilitate improved implementation of the workplace training components and monitoring of the Candidate's progress by linking evaluation and feedback with training/learning priorities.
- Continuing the MiniMex pilot. A plan is being developed with the MiniMex Working Party to ensure rigour and resources are set aside to deliver MiniMex as a formative training activity. Key goals and objectives are being established to ensure that evaluation is able to be conducted. Working Party members will be encouraged to present on findings from this project to encourage peer review among medical educators.
- The use of compulsory questions in the Pre-Fellowship Oral Examination will be evaluated to determine the impact on rigour of the examinations.
- New assessment guidelines are being developed for the formative and summative aspects of assessment in the Research Training Program.

b. Candidate Summative Assessment Results

The following tables show the number and percentage of candidates who passed the various summative assessments in the training program at their first, second, third and subsequent attempts for the period 2009 to 2012.

**Table 5.1
2009**

Assessment	First Attempt	Second Attempt	Third Attempt
Written Case Study	6 46%	5 71%	n/a
Case Study Presentation	10 91%	n/a	n/a
Pre-Fellowship Oral Examination	6 67%	2 67%	n/a

**Table 5.2
2010**

Assessment	First Attempt	Second Attempt	Third Attempt
Written Case Study	10 53%	8 89%	n/a
Case Study Presentation	9 100%	n/a	n/a
Pre-Fellowship Oral Examination	24 86%	1 100%	n/a

**Table 5.3
2011**

Assessment	First Attempt	Second Attempt	Third Attempt
Written Case Study *	36 77%	8 80%	n/a
Case Study Presentation	19 100%	1 100%	n/a
Pre-Fellowship Oral Examination	10 45%	0	0

*note: second attempt at the Written Case Study is offered as a re-write of the original piece

Table 5.4
2012 (* as at 12.4.12)

Assessment	First Attempt	Second Attempt	Third Attempt
Written Case Study *	5 71%	n/a – re-writes not due until May 2012	n/a
Case Study Presentation	n/a until July 2012	n/a until July 2012	n/a until July 2012
Pre-Fellowship Oral Examination	12 80%	3 50%	0

*note: second attempt at the Written Case Study is offered as a re-write of the original piece

c. Candidate Withdraws 2009 – 2012

Table 5.5 below, shows the numbers of Candidates who withdrew from the Fellowship training program before completion and a summary of the reasons for withdrawal, for the period 2009 to 2012.

Table 5.5

Candidacy Withdrawals 2009 - 2012	Number	Reasons
2009	12	* no data on this
2010	5	* no data on this
2011	4	<ul style="list-style-type: none"> • Unable to continue due to other commitments – may reapply in future • Unable to find time to progress Candidacy • RACMA program no longer meets Candidates current needs and aspirations • No longer working in medical administration
2012 *as at 12.4.12	0	

d. Assessment Policy/ Documents Provided to Candidates

The following sample of documents is provided to Candidates to explain the requirements and process for assessment of key components in the Fellowship training program:

- Conduct of Pre- Fellowship Oral Examinations
- Eligibility to sit the RACMA Pre-Fellowship Oral Examinations
- Guidelines for Presentation of Reflective Case Study
- Guidelines for Presentation of Management Case
- MPF Other Tasks Guidelines – Candidates going to exams in October 2012 and March 2013

- Reflective Case Study Guidelines for Assessment – 2012 and 2013 Examinees Only
- Reflective Case Study Guidelines for Preparation – 2012 and 2013 Examinees Only
- Reflective Case Study Guidelines for re-write and re-submission – 2012 and 2013 Examinees (Please refer to enclosed Attachments 10 – 17).

Further details are available on:

http://www.racma.edu.au/index.php?option=com_content&view=article&id=70:management-practice-folio&catid=4:candidates-corner&Itemid=240

http://www.racma.edu.au/index.php?option=com_content&view=article&id=73:case-studies&catid=4:candidates-corner&Itemid=243

http://www.racma.edu.au/index.php?option=com_content&view=article&id=68&Itemid=244

e. Any other planned developments that relate to this set of Accreditation Standards.

Please refer to Standard 4 about RACMA’s piloting the use of MiniMex exercises in the Fellowship Training Program.

AMC Standard

5.4 Assessment of specialists trained overseas

The accreditation standards that relate to this section of the 2008 Accreditation Report are as follows. The numbers correspond to the numbering of the AMC Accreditation Standards.

- 5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College’s responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College’s 2011 report is provided below.

- 38 *Note the AMC guidelines for assessment of overseas-trained specialists in regard to the possibility of perceived bias and consider training Censors to be involved with the assessment of overseas-trained specialists to avoid such difficulties. The College is asked to report in 2011 on how it has documented and made more systematic the process for review of the qualifications and experience of overseas-trained medical administrators and associated recognition of prior learning.*

Recommendation 38 is progressing well, with commendation for the move to blueprinting to curriculum and more closely aligning the recognition of prior learning and OTD assessment processes. The College is asked to report again next year on the outcomes of the changes it has made here.

RACMA Response to Recommendation 38:

In 2012 the College will commence delivery of two training programs: the Scholarly Doctor Outreach Coaching Program and the Cultural Context and Communications Webinar Series.

These programs will be promoted to IMGs within the Candidate body, and in particular, the webinar series will be promoted to Censors and Preceptors with the express purpose of raising discuss about cultural bias. The latter discussion will also be addressed through the Faculty Education Webinar series chaired by the Chair of the RACMA Training Committee.

Details about these new training initiatives are enclosed as Attachments 18 and 19.

40 *Consider the specific training and professional development needs of overseas-trained internal candidates, to identify their success in College programs compared to Australian and New Zealand trained candidates, in particular the establishment of monitoring systems for ‘underperforming’ candidates.*

Recommendation 40 is progressing, with STP funding to develop a support program for OTDs in the fellowship training program noted. The College is asked to report again next year, with an update on the outcomes achieved against the funding.

RACMA Response to Recommendation 40:

It is too early in this submission to report on the *outcomes* of the Scholarly Doctor and Cultural awareness programs on IMGs.

The College has reviewed its education data base and in 2012 will make revisions to enable additional data to be entered to assist recording and tracking the performance of international medical graduates. The following table (Table 5.6) shows data for the 2011 entrants to the Fellowship Training Program:

Table 5.6: Country of Medical Degree for Candidates Commencing 2011

Origin of Medical Degree	Australia	New Zealand	UK/Ireland	India	South Africa
Number of Candidates	20	9	5	2	1

These IMGs will be tracked so that the College can evaluate their performance on summative assessments.

As reported elsewhere, the six monthly In-Training Assessments and the moderation process which will follow each reporting period will enable the College to identify much earlier, those Candidates having difficulty and then to target appropriate support to them. This is the basis for the Scholarly Doctor program.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 5.4, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. The College's response to the nationally agreed policy for the assessment of international medical specialists, including actions to implement AMC recommendations and/or alternative approaches agreed by the College.
- b. Report on the number of applications considered from overseas-trained specialists and the outcomes of their applications.

RACMA Response

a. Nationally Agreed Policy for the Assessment of International Medical Specialists

RACMA maintains specific policies with respect to the appraisal of overseas specialists who are seeking vocational registration with an Australian Medical Board, and a second policy with details the policies and procedure to be followed with respect to international medical graduates seeking vocational registration with the Medical Council of New Zealand. These policies are consistent with the requirements determined by each regulatory authority respectively.

The College is also cognisant of the relationship between the RPL project work as explained in Standard 3, and its methods of appraisal of overseas trained specialists, and will refine the appraisal system as necessary, to ensure it provides an objective appraisal of the existing level of competencies in medical leadership and management (and/or gaps) of the overseas trained specialist.

b. Number of Overseas Applications

The College has received three applications from overseas trained specialists since 2008. One of these applicants entered the RACMA Fellowship Training Program and is now a Fellow of the College. The applications from the other two applicants are still being processed.

AMC – STANDARD 6: Monitoring and Evaluation

The accreditation standards that relate to this section of the 2008 Accreditation Report are as follows. The numbers correspond to the numbering of the current accreditation standards.

6.1 Ongoing monitoring

- 6.1.1 The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- 6.1.2 Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- 6.1.3 Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.2 Outcome evaluation

- 6.2.1 The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- 6.2.2 Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 report is provided below.

- 41 *Develop monitoring and evaluation procedures on the following:*
- *feedback on the training process from unsuccessful as well as successful examination candidates*
 - *formal feedback from trainees on their experience of supervision*
 - *feedback to supervisors and preceptors on their performance as supervisors*
 - *collection of data on examination outcomes, including psychometrics of the examination, and examiner performance*
 - *collection of data on candidate progression, time in program, reason for delays, withdrawal*
 - *streamline and regularise feedback processes by the use of templates.*

Recommendation 41 is progressing, with the challenges of developing a monitoring system for a new curriculum acknowledged. The College is commended on its efforts to satisfy this Standard, and with the results of the work being done still to be ascertained, RACMA is asked to report again on this Recommendation in 2012.

RACMA Response to Recommendation 41:

In its 2011 Annual Report the College outlined a range of initiatives and developments it was undertaking to improve monitoring and support evaluation in the Fellowship Training Program.

Monitoring and evaluation processes are designed to support a continuous improvement process in the College. The following monitoring and feedback mechanisms are used on a regular basis:

- In Training Assessment Reports – six monthly.
- Annual Report of Candidate Training Activity completed
- Annual Survey of all Candidates
- Annual Survey of Supervisors – commenced 2011
- Annual analysis of summative assessment results
- Monthly RACMA office meeting on membership commencements, attrition, Candidate leave requests etc
- Specific communications and consultations with Candidates about training program proposals take place when required e.g. introduction of new curriculum modules e.g. indigenous health, MiniMex, research training program, changes to Pre-fellowship Oral examinations including compulsory questions and scheduling, development of the RACMA *Medical Leadership and Management Curriculum*. Two examples of such communications are enclosed as Attachments 20 and 21.

Data requests from AMC, MTRP and College Committees have over the years have informed development of new reports and modifications to the College's education data base. Reports are prepared in the National Office and provided to College Committees and external parties.

All Candidate and Supervisor surveys are analysed and reported to the Candidates and to the Candidate Advisory Committee as appropriate, and to the Education and Training Committee with recommendations for follow up action. Follow up action is undertaken in the National Office after recommendations are approved by the relevant Committee.

Do the College's actions above enhance results?

- There has been an increase in Candidates and new Fellows in the last three years contributing to succession within the College
- There has been significant support from new doctors participating in the non- specialist training program leading to the award of AFRACMA
- Pre-Fellowship Oral Examination Rates continue to fluctuate and reflect different cohorts of Candidates
- There is stronger engagement by the Candidate body through the Candidate Advisory Committee and Candidate representation on key College Committees
- Changes to the education data base
- Stronger definition of the RACMA *Medical Leadership and Management Curriculum* is attracting attention from external stakeholders
- Competitive elections among Candidates and Fellows for Directorships on the College Board

Future initiatives discussed within the College include:

- Exit Interviews with departing College members
- Exam failure evaluations – albeit this has proven very difficult to formalise
- 5 year Fellow interviews – to evaluate the contribution of the specialty training program impact on career and work satisfaction. In the 2011 Candidate Survey Candidates identified diverse career goals - some were satisfied in their current role whilst others want to attain a senior position such as a Director of Medical Services, Chief Executive Officer or a senior leadership position in Governmental Departments; other aspirations included the desire to contribute to the Australian healthcare system and participate in international health leadership and management activities; teach leadership, management and admin to clinicians and non-clinicians, whilst one stated he was planning to retire.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 6, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. Give details of any evaluation activities undertaken since the 2008 Accreditation assessment.

RACMA Response

The evaluation activities mentioned above are at least annual events and reports are prepared for the appropriate Committees. Within the National Office, reference is made to these and workshop evaluations when planning commences for following training events.

In a similar way, the Board of Censors meets annually and before each Pre-Fellowship examination to moderate and discuss the results of previous examinations. The Censor in Chief provides feedback to Censors on all assessment events and seeks input to future planned events.

Due to the growing complexity of the Fellowship Training Program and the increasing challenges inherent in improving rigour, communications, timeliness and accuracy, the Censor in Chief has established a Lead Censors Group. In this Group senior censors have been identified to take on focussed roles covering examinations, research/case studies, MiniMex, self audit and review.

Documentation of the RACMA *Medical Leadership and Management Curriculum* has driven major review of College training operations and led to significant engagement by Fellows and more Candidates. Engagement by Candidates representatives in the curriculum documentation process has enhanced discussions among Faculty and decisions taken around relevancy, appropriateness, priority setting, assessment workload, etc. The Chair of the Training Committee has taken on board feedback from Candidates regarding areas of strong differentiation in the New Zealand health system context and now a senior New Zealand Fellow is in attendance at all national training events. This parallels the Censor in Chief's inclusion of New Zealand Censors in developing examination questions and in the conduct of the Pre-fellowship Oral Examination.

The development of annual surveys of Candidates is a new evaluation method, and is providing useful feedback on Candidate's opinions about aspects of the Fellowship Training Program. The following table illustrates some suggestions made by Candidates in 2011, and the College's response/action.

Table 6.1

Candidate Feedback/Suggestion	RACMA Response/Action
RACMA training programs should be more widely advertised.	Applications for entry via the accelerated pathway have been advertised more widely and information sent to other Colleges, as a consequence applications continue to grow. Normal entry applications have been advertised at Careers conventions and on the website with mixed results.
Workshop and assessment content could better reflect the variety of training environments the Candidates work in	Exam questions now take into account that not all Candidates are public sector Director of Medical Services, and are contextualized for Australia and New Zealand. Workshop content is being reviewed by the Training Committee and will be mapped to the competencies and co- facilitated by an Australian and New Zealand Fellow.
Streamlining of all elements of the application process should improve response times to Candidates.	Candidacy approval process has been revised. Accreditation of training posts policy has been reviewed; pilots & templates have been developed. A schedule for reaccreditation is in implementation. (Refer to Standard 8)
Candidates agreed with increasing the frequency and contribution of the In-Training Assessment (ITA) report.	The ITA and process has been reviewed and agreement reached that from 2012, the process will be implemented every 6 months. A six monthly calibration exercise involving Censors and Coordinators of Jurisdictional Training will be implemented from 2012 and contribute to development of the standards for progression of Candidates against the competency framework and progression model in the new curriculum.
Provide clearly defined objectives and content for national training events.	This is now implemented and clarity is provided to Candidates and faculty about the relationship of the training activity to the curriculum.
Candidates want to be more involved in the College once they become new Fellows e.g. as trainee coaches, trainee preceptors.	96% of Candidates who participated in the annual Candidate Survey said they are interested to participate in future College activities, an increase from 2012 (72%). Candidates said they would be most interested in the future to be Coaches (64%) and Preceptors (58%). Some of the more senior new

	Fellows are taking on roles as trainers, workshop presenters, webinar presenters, and Committee members.
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Additionally, in September 2011 the College contacted all RACMA supervisors by e-mail and invited them to participate in an online survey to provide feedback on their supervision experience in the Fellowship Training Program.

This was the first survey of its kind and there was a somewhat low response with 29 out of 65 practicing supervisors participating in the survey, representing a 45% response rate. The results were analysed and reported to the Education and Training Committee.

The College will continue to develop this annual survey with the objective to use the supervisor's view of the candidate's training experience to improve the training placement program delivery and improve the College's support given to supervisors. Similarly, feedback from Candidates about Supervisors will inform the development of this annual survey. The Supervisor survey has informed the 2012 Faculty Education Program of webinars. These are detailed further in Standard 8.

AMC – STANDARD 7: Issues Relating to Trainees

The accreditation standards that relate to trainees are as follows. The numbers correspond to the numbering of the current accreditation standards.

7.1 Admission policy and selection

- 7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- 7.1.2 The processes for selection into the training program:
 - are based on the published criteria and the principles of the education provider concerned
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- 7.1.3 The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- 7.1.4 The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- 7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.2 Trainee participation in education provider governance

- 7.2.1. The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.3 Communication with trainees

- 7.3.1 The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.
- 7.3.2 The education provider provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.
- 7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.4 Resolution of training problems and disputes

- 7.4.1 The education provider has processes to address confidentially problems with training supervision and requirements.
- 7.4.2 The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.
- 7.4.3 The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.

7.4.4 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 report is provided below.

31 *Seek opportunities to engage more proactively with employers in the candidate selection process. In 2011, the College is asked to report on its role in ensuring it takes in candidates who have the capacity to succeed in training.*

Recommendation 31, and the supplementary question to 31, are progressing, with the issue of College involvement in candidate selection still problematical. The College needs to keep working on this as it is integral to Standard 7.

RACMA Response to Recommendation 31:

The majority of applicants for RACMA candidacy are already employed in substantive management roles when they decide to apply to enter the RACMA Fellowship Training Program. This means 70% - 80% of all RACMA Candidates are not entering the medical administration speciality training program as their first medical specialty and it is generally considered inappropriate for the College to be involved in determining the employment of such Candidates for their supervised workplace training component. RACMA however, is ensuring that employers are involved in the accreditation of the employment position as a training post. If the proposed training post is inadequate, accreditation will not be granted or will be limited and the Candidate will be required to find an alternative position from which to continue training.

As outlined previously, the College has developed a schedule of selection interview questions linked to the RACMA Medical Leadership and Management Curriculum. These have been provided to potential employers and have been utilised by employers in Victoria and Queensland and NSW.

In addition to the plan to promote these resources in other jurisdictions, RACMA is engaged with employers in the selection of applicants in the 6 ESTP medical administrator funded training posts; and also indirectly via its administrative role to manage, on behalf of DoHA, the \$9 million Private Infrastructure and Clinical Supervision Funding (PICS) Program.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 7, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. Report on the further development and evaluation of the candidate selection process since the 2008 assessment and comment on the success of the changes made. If relevant, append new policy.
- b. Provide copies of information available to prospective candidate on:
 - The selection process
 - The nationally available opportunities for entering the training programs.

- Any quotas and other limits, such as the number of training positions.
 - Mandated training experiences.
- c. Provide information on the number of applicants and number of candidates entering the training program in each of the last three years (for each year include the number and distribution across training centres of both continuing and newly commencing candidates).
 - d. Outline the formal processes and structures that facilitate and support the involvement of candidates in the governance of their training, highlighting any changes since the 2008 Accreditation assessment.
 - e. Outline developments in relation to College communication with and support of candidates since 2008 and comment on the success of these developments.
 - f. Provide data on any appeals by candidates and/or overseas-trained specialists since 2008 and the outcome of the appeals.
 - g. Any other planned developments that relate to this set of Accreditation Standards.
- Supporting documents, such as policy papers may be provided via web links.

RACMA Response

a. Development of the Candidate Selection Process 2009 – 2012

The selection criteria and information about the process for applying to enter the RACMA Fellowship Training Program is outlined in detail on the College's website. Application forms and templates can be downloaded from the website and forwarded to the College according to the designated timelines. Candidate selection and application processes are annually reviewed to ensure currency with the curriculum training calendar.

Changes to the Candidate selection processes since 2008 include:

- Development of standard templates for:
 - Applications for advanced standing
 - Referee reports
 - Accreditation of training posts
 - Differentiation of the application and selection process for "standard pathway" and "accelerated pathway" applicants for candidacy.
 - Accelerated pathway panel interviews – templates for assessment of competency and panel interview questions; and panel reports.
 - College Moderation Committee to consider recommendations from the Accelerated Pathway Interview Panels and to ensure consistency of process
 - Establishment of the Credentialing Committee to make recommendations to the Education and Training Committee on policy and practice in Candidate selection for candidacy.
- Audit of the medical registration requirement on application for candidacy
- Recognition of Prior Learning (RPL) and Advanced Standing policy and procedure development – please refer to Standard 4

- Schedule of selection interview questions linked to the *RACMA Medical Leadership and Management Curriculum*– As explained above, the bank of interview questions and employer templates RACMA has developed is based on the RACMA competencies and provided to employers on request. To date these have been utilised by employers in Victoria and the College intends on promoting the use of these in other jurisdictions.
- Accreditation of Training Posts – please refer to Standard 8.
- In Victoria, Queensland, Western Australia and New South Wales, a senior College Fellow, Jurisdictional Training Coordinator and/or member of the National Office now participates in employer organised registrar selection interviews for training posts that are government funded. The Jurisdictional Coordinator of Training is normally invited to join selection processes for other Government funded training posts.
- The application and selection process is evaluated in the annual candidate survey.
- College program is being realigned to the academic year, commencing 2012.

b. Copies of Candidate Information

Once accepted for candidacy, candidates receive a confirmation letter. Commencing in 2012, they are then expected to attend an induction webinar which provides an introduction to the College, the Fellowship Training Program and administrative processes. A comprehensive Fellowship Training Program Manual, which is updated annually, is also available and is enclosed as Attachment 5. This is available for Candidates to read and download as they wish.

A wide range of Information and resources is provided for candidates. Please refer to the resources provided and also to RACMA’s website which contains extensive resources for Candidates.

<http://www.racma.edu.au/>

Information about the application and selection processes applied by the College is published on the website, with supplementary information outlined in the various pages of the website. Official forms and templates that are used in the programs are also available on the website, as is all the information with respect to mandatory training requirements.

The College Handbook provides a useful overview of the College, its training programs and professional activities, and the Fellowship Training Manual provides the detail re: the Fellowship Training Program as highlighted above. (Refer to the enclosed Attachment 5.)

The College Handbook is available on:

http://www.racma.edu.au/index.php?option=com_content&view=article&id=500&Itemid=88

c. Candidate Numbers 2010 – 2012

Fellowship Training Program applications, acceptances and withdrawals, for the period 2010 – 2012 (as at April 2012) are tabled below.

Table 7.1 Candidacy Data

Applications Fellowship Training Program Candidacy						
	Standard Pathway			Accelerated Pathway		
Year¹	2010	2011	2012	2010	2011	2012
Applications	14	18	19	45 ²	44	22
Accepted	13	17	18	32	24	13
Withdraws/Deferred	1	1	2	4	4	4

Please note:

1. Data collection system and application processes are now aligned to the training/calendar year. Previously applications for candidacy and commencement of the training program could be made at any time during the year.
2. Two application rounds applied in 2010.

These figures demonstrate that overall Candidate numbers increased from 2010. In 2010 a number of AFRACMA (Associate Fellows) applied for advanced standing and a modified training program to be eligible to sit the Pre- Fellowship Oral Examination.

Also impacting on the increase in Candidate numbers, although to a small extent, is the Commonwealth's Specialist Training Program (Phase 1) STP1, which has provided funding to six training posts in medical administration to date.

Attachment 22 enclosed provides data on Candidate applications, acceptances and withdraws for the period 2010 – 2012, across all jurisdictions. (Data is unavailable for the years 2008 – 2009).

d. Formal processes and structures that facilitate and support candidate involvement in the governance of their training.

The following mechanisms have progressively strengthened Candidate input, representation and/or participation in College decision making and activity since 2008:

- Candidate membership of the RACMA Board
- Candidate Advisory Committee of the Board, chaired by the Candidate Board Director. The Candidate Advisory Committee (CAC) Terms of Reference were revised in 2009 and ensures the participation of candidates in all activities of the college including external advocacy and liaison with a wide range of stakeholders. These terms of reference are enclosed as Attachment 23.
- Candidate membership of the Education and Training Committee, Training Committee, Curriculum Steering Committee and National Scientific Program Committee (NSP). Candidates also have members on all Jurisdictional Committees.
- College Policy - The Implementation of Change in the Curriculum Policy (2011). This is enclosed as Attachment 24.
- Annual Candidate Survey – analysis useful to inform debate and decisions about the curriculum implementation and syllabus.

In addition to the above, Candidates or a representative have been invited (present) at every curriculum development workshop and there are ongoing opportunities for Candidates to ask

questions about the curriculum at the conference, during webinar discussion, debriefing sessions etc.

e. College Communications with and Support of Candidates

Since 2008, communications with Candidates has been strengthened via a range of mechanisms including:

- *Web Site Investment and the increasingly interactive functionality of the website.* These features enable greater reach and ongoing interaction between the College and Candidates, Fellows and other stakeholders. The ongoing development of and easier access (on line) to policy, guidelines, resources, facilitates self-directed learning and the ongoing progressive development of competencies for all Candidates. The public areas of the website contain extensive information about the College, and training programs including free and open access to the College handbook which is reviewed and updated regularly.
- *Candidates Corner* – this section of the website contains extensive resources, policies and information pertaining to the training programs. Candidates are provided with a log-in name and password once accepted as a Candidate. This provides them access to their own profile for editing purposes, discussion forums, reading and resource lists, and eETP – an online facility for submitting MPF/Evidence Folio Tasks.
- Candidates section in the College journal *The Quarterly*. This online monthly newsletter focuses on the practice of medical management, College news and other matters of interest.
- *Regular distribution of E bulletins* – RACMA Notes is emailed to all Candidates, Fellows and members with current College activities and topics of interest. A monthly e-Bulletin *Board Update* is also emailed to all members, reporting on matters of interest from the College Board.
- Other e-Bulletin's that may be distributed on occasion include: *Governance Matters* and *Ed News*
- *Annual survey* of all candidates (regarding quality of workplace experience, levels of supervision, training and teaching) - Refer to Standard 6.
- Six monthly *In-Training Assessment Reports* - Refer to Standards 4 & 5.
- Continued development and definition of roles, responsibilities, selection and appointment, reporting, training and support of and for supervisors, censors and preceptors (refer to Standard 8).

f. Resolution of training problems and disputes

RACMA has a detailed policy with respect to the management of personal information, privacy, implementing change in the College, candidates needing special consideration, review of candidates and reconsideration and/or review of decisions of the Board and its Committees. Copies of these policies are enclosed and all are available to read and/or download on the public pages of the College's website.

The College's CEO has managed and resolved approximately four 'complaints' from Candidates who disagreed with a decision/assessment of a censor and/or committee by dialogue and negotiation.

Increasingly significant training matters are being referred to the Candidate Advisory Committee (CAC) for consultation and input to decision making in the College. Recent discussions at the CAC have included:

- Scheduling of the Pre-Fellowship Oral Examination
- Methods of communicating results to Candidates
- Introduction of and transition plans for the *Medical Leadership and Management Curriculum*
- Impact of the move to an annual – calendar versus academic year – training program

In 2008 there was significant pushback from Candidates when the Management Practice Folio was introduced. It was resolved after discussion with the CAC not to apply any change to Candidates in the pipeline.

There have been no formal appeals from OTS since there are very few applications.

g. Other Developments

In addition to development and enhances explained in the other Standards, RACMA has made developed, reviewed and revised other policies and procedures which collectively enhance communications, liaison and dialogue with candidates. These include:

- Policy development and revision. Examples include:
 - The Implementation of Change in the Curriculum Policy (2011). Refer to (d) above.
 - Privacy Policy
 - Review of Decisions of the Board and its Committees
 - Exam Candidates in Need of Consideration for Illness, Accident, Disability or Compassionate Grounds
- RACMA Officers' Code of Conduct
- RACMA Fellowship Pledge

Copies of these specific documents are enclosed as Attachments 25 – 29 and also available on RACMA's website.

AMC – STANDARD 8: Implementing the Training Program – educational resources

The accreditation standards that relate to this section of the 2008 AMC Accreditation Report are as follows. The numbers correspond to the numbering of the current accreditation standards.

8.1 Supervisors, assessors, trainers and mentors

- 8.1.1 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program and the responsibilities of the education provider to these practitioners.
- 8.1.2 The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- 8.1.3 The education provider routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.
- 8.1.4 The education provider has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
- 8.1.5 The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 report is provided below.

27 Continue to develop and define the roles, responsibilities, selection and appointment, reporting, training and support of and for supervisors, assessors and preceptors.

Recommendation 27 is progressing, with the commitment to developing a Faculty Education Program acknowledged. The College is asked to report again in 2012.

RACMA Response to Recommendation 27

RACMA has continued to develop and refine the roles, responsibilities, selection and appointment, reporting, training and support of its supervisory personnel involved with the Fellowship Training Program. These personnel include:

- Preceptors

A Preceptor assists the Candidate progressing through the standard pathway of the Fellowship Training Program by advising and providing one-on-one personal training to supplement the formal training programs undertaken by Candidates. They also have a formal role to report on the progress of Candidates towards Fellowship. They establish relationships with the Candidate's supervisor.

- Executive Coach

An Executive Coach assists the Candidate progressing through the accelerated pathway of the Fellowship Training Program. The coach is less of a trainer to the Candidate, but more of a facilitator, helping the trainee to reflect on personal experiences, pose alternatives and offering suggestions to explicate understanding and learning. In this way the candidate achieves a balance between giving information in a didactic way and engaging in a process for the Candidate to construct knowledge for themselves.

- Workplace Supervisor

The Supervisor is generally the Candidate's line manager. Supervisors are normally senior managers employed in organisations where Candidates hold substantive positions. A Candidate may be the Chief Executive or a Board member for a substantive organisation.

The role of the Supervisor is to understand the RACMA core competencies and skills prescribed by the College to be acquired during the minimum of three years of full-time medical administrative experience, and arrange for appropriate training experience. In addition, the Supervisor meets with the Preceptor at the beginning of each period of employment and twice yearly to formally assess the Candidate's progress.

- Jurisdictional Coordinator of Training

The Jurisdictional Coordinators of Training (JCTs) are appointed by the local state, territory and New Zealand Committees. The JCT is an ex-officio member of the local Committee. College education and training programs are made available at a local level of the state, territory or New Zealand JCT. These College officers have important relationships with Candidates, Preceptors and Censors, as they supervise Candidate's progress, support and assessment.

Current position descriptions pertaining to these roles are enclosed as Attachments 3, 30 and 31.

28 Implement a systematic process for the selection and training of examiners, censors and preceptors in written, oral and performance based assessment and examination. This needs to take into account a balance in gender, cultural background, nature of practice and its location.

Work is progressing well, with an update requested in the next report.

RACMA Response to Recommendation 28

Since 2010 the College has conducted three Executive Coaching workshops for Fellows who are willing to assist a Candidate progressing through the accelerated pathway of the Fellowship Training Program. The College now has a significant number (32) of trained Fellows to draw upon for the executive coaching role.

Specific and formal training is provided by the College for newly appointed Preceptors, Censors and Supervisors, and in 2010 the College implemented a formal College Faculty Education program to provide a structured training program for Faculty. This program begins with an Induction Day for new preceptors, supervisors and JTC in February, with ongoing training days and skills workshops scheduled at regular intervals during the year.

The 2012 program to date has delivered the following topics:

- A Faculty Induction
- Implementation of Training Plans
- Curriculum Update

Future topics include:

- Progression to competent medical administrator (theoretical and practical perspectives)
- Implementing the In Training Assessment Form
- Principles of teaching (Teaching on the Run module)
- Reflective Writing
- Giving and Receiving Feedback
- Constructive report writing for feedback

At the April 2012 Censors Workshop there was recognition of the diversity of backgrounds of RACMA Candidates and the importance of ensuring appropriate selection of Censors, and examiners to respect this expertise.

The Censor in Chief has recently established a Censors Executive group comprising censors with particular expertise in examinations, MiniMex, case study assessment and reflective writing. These Censor Co-ordinators will facilitate training of groups of censors to undertake the various formative and summative assessment activities.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 8.1, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. College's role in selecting and setting standards for supervisors, with particular emphasis on any review or changes since the 2008 Accreditation.
- b. Comment on processes for review of supervisor performance.
- c. Describe the College's processes for informing supervisors about changes to the curriculum and assessment methods and any training activities undertaken or planned.
- d. Report on other training and development activities for supervisors.

RACMA Response

a. Developments in the College's Role in Selecting and Setting Standards for Supervisors

As outlined above, supervisory personnel involved in the RACMA Fellowship Training Program include Preceptors, Supervisors, the Jurisdictional Coordinator of Training, Censors and executive coaches.

Selection of Preceptors and Censors usually occurs by way of an 'Expression of Interest' process whereby Fellows interested in becoming a Preceptor or Censor are asked to liaise with the College's CEO regarding their interest in being appointed. Preceptors are appointed by recommendation of the State/Territory/New Zealand Jurisdictional Coordinator to the Education and Training Committee, and Censors are selected and appointed by the Board on the recommendation of the Education and Training Committee.

Candidates applying for the Fellowship Training Program who already occupy substantive positions will identify a supervisor for their training, who is usually their line manager. The College verifies this

role at the time of accrediting the training post. If a Candidate relocates their employment position during their Fellowship Training Program, a new supervisor and training post needs to be approved. A new College Preceptor is allocated only if the Candidate moves between states, the Preceptor moves between states or the Candidates requests a new Preceptor.

b. Processes for review of supervisor performance

RACMA applies a number of processes that facilitate the regular review and/or assessment of supervisors' performance. These include:

- Candidates annual survey – which includes questions about their experience of the training program, interactions with the College, and support and feedback provided by their Preceptor and Supervisor
- Candidates Training Reports – these six monthly reports include the opportunity for a candidate to comment on the extent to which their supervisors are providing the assistance and support they require to meet the annual requirements of their training plan.
- The ongoing monitoring and evaluation processes used to support a continuous improvement process in the College as detailed in Standard 6.

c. Processes for informing supervisors about changes to the curriculum and assessment methods and any training activities undertaken or planned

In addition to the above, Supervisors are provided with the other resources/information to keep them informed of changes to the curriculum and assessment methods and other training activities via specific webinars, workshops, and communications on a 'as necessary' basis.

These personnel all have access to the website and all the information available to the public, Candidates and College staff and officers as already detailed previously. Likewise, many are often also heavily involved in the annual business planning and strategic planning activities of the College. The majority attend the College's Annual Scientific Meeting and participate in jurisdictional managed activities which keep them up dated with College events.

Furthermore, Jurisdictional Coordinators of Training maintain close relationships with Supervisors and Preceptors in their jurisdictions, to enhance communication about the College and its training program and to monitor Candidate progress.

d. Other training and development activities for supervisors

Please refer to response (a) above.

In parallel with the introduction of MiniMex into the College's training programs, RACMA will be developing specific training about the use of this learning method in 2012, in addition to training about how to write MiniMex stations. (Please refer to Standard 4).

Workplace Supervisors are invited to participate in the RACMA Faculty Education Program (webinar series).

8.2 Clinical and other educational resources

- 8.2.1 The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.
- 8.2.2 The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- 8.2.3 The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.
- 8.2.4 The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 report is provided below.

24 *Increase the specificity of its policy documentation for accreditation.*

Recommendation 24 is satisfied and closed. However, the College is asked to provide to the AMC a copy of the new accreditation template, a list of the accredited training posts, and the schedule of work for reaccreditation in its 2012 report.

RACMA Response to Recommendation 24

RACMA's new training post accreditation template is included as Attachment 32 in the appendices to this submission.

Attachment 33 provides a list of current accredited training posts and Attachment 34 is the planned schedule of work for reaccreditation visits for this year.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 8.2, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- a. Append a copy of the College's policy for accreditation of training posts/units. Please provide a summary of the changes made since the 2008 Accreditation.

- b. Summarise the College's accreditation activities since the 2008 AMC assessment, and the outcomes of these activities.
- c. Outline challenges remaining for the College in addressing the accreditation standards and strategies to address them.

Supporting documents, such as policy papers may be provided via web links.

RACMA Response

a. RACMA's Policy for Accreditation of Training Posts

RACMA has recently reviewed and revised its policy related to the accreditation of training posts to more closely align to the RACMA Medical Leadership and Management Curriculum. These revised documents are enclosed as Attachments 35 and 36.

As outlined above, a copy of the Accreditation template, a list of current accredited training posts and the 2012 schedule of visits is enclosed.

b. Summary of reaccreditation activities since 2008

Following the above recommendation of the AMC in 2008, RACMA undertook several activities to improve the process of accrediting training posts. This has included:

- The development of an Accreditation of Training Post Policy and Regulation in July 2010
- RACMA consulted with other Medical Colleges on the process of accreditation site visits
- A pilot program for the accreditation of training posts was developed for RACMA. The pilot program of site visits to health service organisations was implemented from September 2010 to May 2011. Seven sites were visited in Victoria, five in Western Australia and one in New Zealand.
- Following the pilot program the policy, regulation and process was reviewed and the revised draft documents are currently awaiting approval by the Education and Training Committee.

As highlighted previously, RACMA has refined its training post accreditation system since 2008. The policy and regulation reviewed and amended and the process documented for public access on the RACMA website.

Accredited training posts are those which have the capacity to provide the experiences and training required to satisfy RACMA's standards and Candidate training needs. All health sector organisations and service providers have to meet a range of minimum standards – the scope of which encompasses the physical resources, management structure and philosophy, the learning/teaching environment, availability of suitable supervision/preceptors, as well as the executive position of the individual Candidate.

The assessment and decision to accredit a RACMA training post is undertaken by an Accreditation Panel, which undertakes a site visit to all workplaces seeking RACMA training accreditation status. Once the panel have made their assessment, the final decision regarding the accreditation of a specific training position is made by the Board's Education and Training Committee.

Accreditation is normally for a period of 4 years. If a Candidate relocates their employment position during their training, the new training post also needs to be a RACMA approved position.

c. Challenges pertaining to addressing the accreditation standards

A systematic process of RACMA workplace/position accreditation presents a number of ongoing challenges for the College. These include:

- The new process requires ongoing access to appropriately trained College staff in addition, to the College Fellows and the Jurisdictional Coordinator of Training in the specific jurisdiction in which the workplace/position is being accredited. The schedule of accreditation assessments and visits will have to factor in this additional impost on these personnel, and ensure a staged process is planned appropriately within each Jurisdiction. This will become increasingly important with several workplace/positions within one jurisdiction need to be assessed at the same time.
- Cost – as a small College, RACMA needs to ensure it develops an efficient process for assessment and accreditation visits, that balances the value gained from such a process, with the cost associated with implementation.
- Establishing and identifying exemplars for training posts – this is a challenge as there is an inherent conflict between highlighting and promoting ‘best practice’ and alienating other and potential new candidates, employers, College members and stakeholders, on whom RACMA depends for their ongoing support and sustainability of its Training Program.
- Mapping of the curriculum – as the mapping of the curriculum to accreditation continues, work will be ongoing to revise the reaccreditation template and process for implementation of training positions, in accordance with the revised teaching/learning tools.

AMC – STANDARD 9: Continuing Professional Development Program

The accreditation standards that relate to this section of the 2008 Accreditation Report are as follows. The numbers correspond to the numbering of the current accreditation standards.

9.1 Continuing professional development

- 9.1.1. The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- 9.1.2. The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.
- 9.1.3. The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- 9.1.4. The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- 9.1.5. The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- 9.1.6. The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

9.2 Retraining

- 9.2.1 The training provider has processes to respond to requests for retraining of its fellows.

9.3 Remediation

- 9.3.1 The training provider has processes to respond to requests for remediation of its fellows who have been identified as underperforming in a particular area.

2008 Accreditation Report recommendations and AMC feedback on annual reports

Please provide a brief summary update of the College's responses to the remaining AMC recommendations from the last AMC Accreditation Report. AMC feedback on the College's 2011 report is provided below.

47 Progress its current review of the retraining and remediation of its fellows who are underperforming.

Recommendation 47 is progressing, with work on remediation and re-training remaining to be done. The College is asked to give an update on this in the 2012 report.

RACMA Response to Recommendation 47

The review and revision of its policy with respect to the retraining and remediation of fellows who are underperforming was undertaken in 2011, to accommodate the recent changes to the Continuing Professional Development Registration Standard – MBA / AHPRA, the Recency of Practice Registration Standard - MBA / AHPRA and also the Recertification and Continuing

Professional Development - MCNZ. Additionally, the College has developed a written procedure to facilitate the implementation of this policy as necessary.

This policy and procedure is designed to address retraining requirements to ensure the competency of Fellows returning to active practice from protracted leave or who have identified themselves as requiring retraining, or have been identified by a Regional Health Board, Medical Board or Medical Council as requiring retraining.

The policy provides for a range of length of absence and non-participation in CEP and links the length of absence to the requirements for retraining or resumption of practice. This progression is illustrated in the table 9.1 below:

Table 9.1

RACMA Retraining Policy		
Absence from Medical Administration Practice	CEP and Re- Training Requirement	Authority
< 12months	Granted exemption from CEP	RACMA
> 12months – 3 years	Complete a minimum of one year of CEP prior to re-commencement	RACMA
> 3 years	Plan for professional development and participate in RACMA Retraining program Provision of detailed induction plan	RACMA Medical Board of Australia Medical Council of New Zealand

Procedurally, once it has been determined that a Fellow requires re-training an Executive Coach, and direct line Supervisor is appointed. The Fellow is required to complete a self assessment (based on the RACMA competencies) to identify gaps in knowledge and skills, complete with supporting evidence and referee opinion.

The outcome of this assessment determines the extent of Retraining program required. If the Executive Coach, Jurisdictional Coordinator of Training and Supervisor deem that the Fellow is competent then it may be recommended that the case is forwarded directly to a Reinstatement Panel, rather than participating in a retraining program.

If a retraining program is necessary, the Fellow, Executive Coach and Supervisor develop a Training Plan together based on the knowledge and skill deficits displayed through the self assessment process. The Training Plan should articulate goals, outcomes, and timeframes.

Implementation of the training plan/reinstatement program is then overseen by these mentors, with an In-training Assessment Report being completed at the half way point, and then towards the end of the process. This latter report provides a recommendation for presentation to a Reinstatement Panel for an extended period of training.

The Reinstatement Panel, comprising three senior Fellows, undertakes a panel face-to-face assessment of the retrained Fellow, and then makes a formal recommendation to the CEP Committee and the Board for the Fellow’s reinstatement or continued retraining.

The Board communicates the decision of the Reinstatement Panel to the Fellow, and to the appropriate regulatory authority in the case of Fellows where the request for assessment and/or retraining has been received from an external organisation.

Once reinstated the Fellow must participate in the College's CEP, and 12 months after the Fellow has been reinstated they must participate in a 360 degree performance review conducted by the College.

A copy of this revised policy and procedure is enclosed as Attachments 37 and 38. These are currently awaiting final approval from the Education and Training Committee.

48 Include consumer involvement in CEP program reviews.

In its report, the College indicates: "The College Board has considered who the consumer of the specialist medical administrator is. As medical administrators generally manage medical services in large health settings, the consumer is most likely to be another doctor or clinician." The AMC believes that this definition of a consumer is overly narrow and progress on Recommendation 48 is unsatisfactory. The AMC requests that RACMA re-visit this issue, and report again in 2012 on progress, showing that it has considered its relationship with the wider community and established an appropriate consumer base.

RACMA Response to Recommendation 48

As outlined in Standard 3, RACMA has recently initiated communications with the Consumer Health Forum of Australia and during 2012, will explore opportunities for integrating consumer perspectives into the Education and Training Committee's deliberations; and secondly to inform and strengthen the progressive development and embedding of Consumer input into the curriculum over the next 2 years.

Additionally, the College has recently introduced Consumer Engagement as a topic in the Interact Program open to all members of the College. A webinar on 'Consumer Engagement' was recently delivered by the Deborah Smith, Consumer Relationship Manager of the Consumers Health Forum of Australia and this was well attended and positively received by all participants. This session is currently being written up as an article in our scientific publication, *The Quarterly* in order to increase the reach of the learning embedded in the session.

As detailed in Standard 3, plans are also being made for a representative from the Consumer Health Forum of Australia to attend the Board's meeting in May 2012 to discuss the options available to the College to introduce a consumer perspective into the activities of the College.

Summary of other matters to be addressed in the 2012 submission

In addition to addressing the 2008 recommendations and feedback on them from the AMC, for Accreditation Standard 9, please provide a short summary (i.e. 1-2 pages per set of standards) addressing the following:

- Outline how the College's CPD programs have developed since the 2008 AMC accreditation.
- An outline of plans for further development.
- Challenges remaining for the College and strategies to address them.

- Please provide data showing the number and proportion of fellows participating in the College's continuing professional development programs, showing Australian and New Zealand information separately.
- Outline how the College's retraining and remediation policies have developed since the 2008 AMC accreditation.
- Any other planned developments that relate to this set of Accreditation Standards.
- Supporting documents, such as policy papers may be provided via web links.

RACMA Response

CPD Program Development 2008 – 2012

The College's CPD program has been subject to major development since the 2008 accreditation.

Various drivers have underpinned this progressive development, including:

- RACMA's revised Constitution,
- the implementation of national registration,
- revised regulatory standards (New Zealand and Australia),
- RACMA's *Medical Leadership and Management Curriculum*,
- ongoing investment in e-technology to support on line learning, and
- strengthened monitoring, evaluation and audit processes.

RACMA offers a formal, structured CPD program which is based on the *RACMA Medical Management and Leadership Curriculum*, RACMA's mandated continuing professional development requirements for College Fellows and Associate Fellows and the RACMA Continuing Education Standard.

The program is governed by the Continuing Education Program Committee (CEPC) and the jurisdictional CEP Coordinators. The CEPC reports to the Education and Training Committee, who in turn report to the Board.

The program also complies with the continuing professional development requirements of the Australian Health Practitioner Regulation Authority (AHPRA)/Medical Board of Australia (MBA), as well as that of the Medical Council of New Zealand (MCNZ) standard for the maintenance of specialist registration in medical administration.

Integral to the curriculum is the progressive attainment of competencies designed to enable the Fellowship Training Program to progress a Candidate from a novice, to graduate them as a competent medical manager and leader. The CEP is designed to build on the fundamental knowledge and skills acquired, and progresses participants from competent to proficient or expert medical managers and leaders. *This progression is outlined in the Dreyfus Model of Skill Acquisition (Dreyfus 1980) – page 26 of the Curriculum Document and in page 7 of the RACMA Continuing Professional Development Manual. (Refer to Attachments 1 and 39).*

All RACMA members are provided with secure access to the private sections of the College's website, and password secured access to their own personal record and file. Once logged on, each member can then utilise the CEP Menu and functions to log their activities, the points they want to claim, and attach supportive documentation. The participant has the responsibility to accurately record the number of points using the guidance of the activity table and attach or retain supportive evidence during the course of the CEP year.

For educational activities organised by the RACMA national office, the activities are logged internally with a confirmation email generated and distributed to each member. Additionally, there is flexibility for the CEP Coordinators and Secretariat to mass load events into multiple diaries.

Comprehensive instructions are available on line and in hard copy form to help members become familiar with the e program and national office staff are happy to help any members having difficulty using the e CEP program. New Fellows and Associate Fellows are inducted into the program through an educational session and general welcome ceremony conducted at the National Conference every year the following day after their official conferment ceremony.

Participation in RACMA's CEP Program is a mandatory requirement for Fellows and Associate Fellows in order to remain in "good standing" with the College. In addition to the above annual process, College staff continuously monitor CEP participation via regular reporting of participation rates to the CEPC during the year, and robust audit processes are used to identify non-compliance. Ongoing non-compliance without valid cause, may lead to the cessation of College or MOPS membership as per RACMA's Constitution 2009, sections 9.4 – 9.9. Failure to comply with the College's continuing education program requirements.

Quality Improvement in relation to CPD is informed by an annual on line survey of all stakeholders involved in the CPD program. The survey focuses on:

- CEP curriculum content
- CEP educational activities
- e-CEP
- CEP Jurisdictional coordinator performance and support
- Administrative support
- Access to jurisdictionally delivered educational programs/CPD initiatives
- Resources ie Podcasts, recordings, CEP manual and online resources.

Plans for Further Development

As explained in Standard 3, RACMA is progressing the embedding of Cultural Competency and Indigenous Health content into the core curriculum framework and policy formulation within the College. A pilot Indigenous Health program will commence for 24 Candidates in March 2012, and evidence of cultural competency and Indigenous Health training/learning will become a requirement for all Fellows and Candidates from 2012.

Challenges for the College

Challenges for RACMA with respect to CPD include:

- Maintaining the current 90% participation rate in light of future membership projections.

- Keeping the CEP dynamic and relevant in order to respond to the changing needs of our membership and the roles that they occupy.
- Maintaining and increasing the current Fellowship numbers through providing them with a valuable CPD product.
- Monitoring and responding to the trends and growth in Associate Fellowship members versus Fellows.
- Continual improvement in the e-CEP platform and educational programs that we offer our membership.
- Engaging clinician managers in the Maintenance of Professional Standards Program that the College launched in 2011.
- Maintaining collegial relationships to explore opportunities for cross college initiatives and shared understandings.

Approximately 60% of RACMA members are also members of other medical colleges and therefore may participate in a CPD program of another specialist medical college. In order to accommodate this and encourage support of the role of medical manager in our curriculum, 20 points are allocated for a Fellow that completes the CPD program of another college.

These challenges highlight the need for ongoing and progressive co-joint medical college liaison and partnerships with respect to curriculum development, in addition to the ongoing liaison with external stakeholders such as State department of Health, the Department of Health and Aging, and specific workforce bodies such as Health Workforce Australia and Health Workforce New Zealand.

Retraining and Remediation Policy Development

Please refer to the response to recommendation 47 above.

Other Planned Developments

The Colleges other planned developments with respect to CPD include:

- **National Management and Leadership Peer Review Program**

The overall objectives of the RHCE Stream One Program are to provide education opportunities that support continuing professional development (CPD) for individual specialists, as well as groups of specialists, in rural and remote locations in Australia, with a focus on activities that encourage multidisciplinary team (MDT)-based training. This Project is a joint initiative of the Committee of Presidents of Medical Colleges and Department of Health and Ageing with RACMA contracted as the medical college to establish and implement a National Management and Leadership Peer Review program for clinician managers.

This program has established a network of managers and leaders throughout Australia who come together bimonthly to present and discuss their own workplace related cases with peers. This network is open to specialist medical managers (Fellows of the RACMA), other RACMA members and specialists from other colleges that occupy management or leadership roles. The Peer Review Learning Sets (PRLS) are comprised of around 15 – 20 managers, two facilitators and the RACMA Curriculum and Training Coordinator. Three learning sets have been established, run bimonthly and are cycled in the same week (Groups A, B and C).

Each case is a de-identified work based management or leadership issue that is presented in two parts. The first part (Part A) outlines the background and details of the issue, after which the group discuss possible avenues of resolution or pathways forward. The second part (Part B) outlines the Participant's management of the issue, after which the group will assess the strategies that were employed. Part C directs the group on what type of feedback the Presenter is seeking.

Throughout the presentation of their case, the Presenter remains anonymous to the rest of the group, allowing for more candid feedback and unbiased evaluation, unless they choose to disclose their identity. All discussions are confidential with participants signing a Chatham House Rule agreement prior to participating. The program is directed by a cross collegiate Steering Committee that is representative of six of the specialist medical colleges. This program has been running for a over twelve months and is highly regarded by the participants and facilitators involved.

- **Enhancing Performance through Self Audit and Peer Review**

This involves a pilot study of a self-audit and peer review program for specialist medical managers and clinician managers. The tool focuses on the participant's leadership and management competency rather than their clinical practice.

Participants will be required to nominate 15 peers to be involved in providing feedback, and will also need to nominate a mentor who will be responsible for providing one-on-one feedback of the review results. Participants and peers will then engage in a confidential on-line survey with the participant receiving a de-identified report of the feedback.

The mentor will assist the participant in developing a performance plan based on the feedback that has been provided by their peers. Vocational specialist support will be provided to both participants and mentors at a workshop on how to interpret the results of the review and incorporate those into a professional development program.

Following a review of the Pilot, there will be four review groups held before the end of 2012. Both the pilot and the four subsequent rounds will be limited to a maximum of 15 participants. The first of these workshops is being held in mid June.

- **Management for Clinicians – National Program**

Management for Clinicians has been a highly successful educational program delivered over the last ten years in primarily Sydney and Melbourne. This year the program is being expanded to include New Zealand and potentially Western Australia.

As part of the "Nationalisation" of this product, a working party has been established to work on the content of the workshop in order to ensure the material is relevant, contemporary, generic in its application across various jurisdictions and consistent in its delivery. This content will be provided to the presenting faculty members in the form of speaker notes, slides and a resource kit.