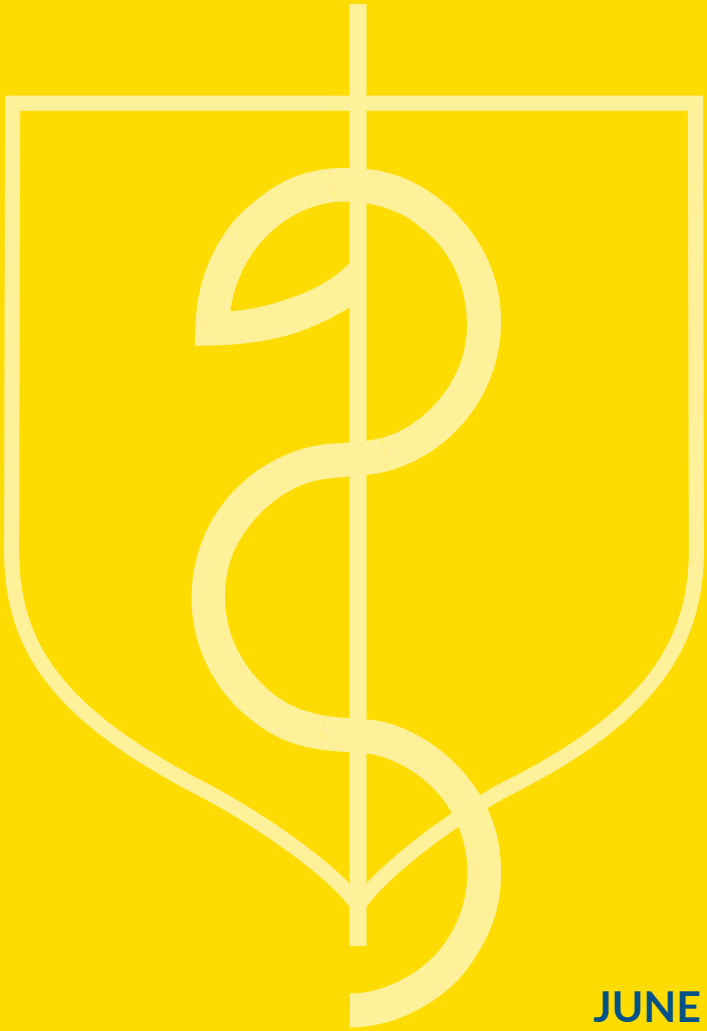
RACMA
ROYAL AUSTRALASIAN COLLEGE
of Medical Administrators

SUBMISSION TO THE AUSTRALIAN MEDICAL COUNCIL

Re-accreditation of the Fellowship Training Program of the Royal Australasian College of Medical Administrators



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Acknowledgments

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Message from the President

The Fellowship Training Program of the Royal Australasian College of Medical Administrators has been accredited with the Australian Medical Council since 2008. Over the past decade over 150 medical practitioners have studied health system sciences and practised in the area of medical leadership, to attain Fellowship of the College; and hence registration in specialist medical practice with the Australian Medical Board.

Our program has grown and been responsive to contemporary education issues in medical practice and we are now pleased to provide our second submission for recognition that we are meeting modern standards of learning and assessment in our training program.

Dr Michael Cleary PSM
FRACMA
President
Royal Australasian College of Medical Administrators

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Glossary of abbreviations

ACHSM	Australasian College of Health Service Management
AFRACMA	Associate Fellow of the Royal Australasian College of Medical Administrators
AHPRA	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors' Association
AMA	Australian Medical Association
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
APC	Advocacy and Policy Committee
ARC	Accreditation Review Committee
ASMOF	Australian Salaried Medical Officers Federation
AUS	Australia
BDSH	Bullying, discrimination and sexual harassment
BOC	Board of Censors
CAC	Candidate Advisory Committee
CE	Chief Executive
CE	Continuing Education
CEP	Continuing Education Program
CEPC	Continuing Education Program Committee
CIC	Censor in Chief
CMC	Council of Medical Colleges of New Zealand
CPD	Continuing Professional Development
CPMC	Council of Presidents of Medical Colleges
Dean	Dean of Education
DMS	Director Medical Services
DHBV	Discrimination, harassment, bullying and victimisation
EDMS	Executive Director Medical Services
EdNet	Network of College Educators
ETC	Education and Training Committee
FAC	Finance and Audit Committee
FCHSM	Fellow of the College of Health Service Managers
FRACMA	Fellow of the Royal Australasian College of Medical Administrators
FTE	Full-time equivalent
HK	Hong Kong
HSS	Health System Science
HSSD	Health System Science Domain
IMG	International Medical Graduate
IMGs	International Medical Graduates
IRTP	Integrated Rural Training Pipeline
ITAR	In-training Assessment Report

ITP	In-training performance
ITPR	In-Training Performance Report
JC	Jurisdictional Committee
JCC	Jurisdictional Committee Chair
JCCE	Jurisdictional Co-ordinator Continuing Education
JCCEs	Jurisdictional Co-ordinators Continuing Education
JCT	Jurisdictional Co-ordinator of Training
JCTs	Jurisdictional Co-ordinators of Training
JMO	Junior Medical Officer
MBA	Medical Board of Australia
LTRG	Learning and Teaching Reference Group
MCNZ	Medical Council of New Zealand
MMP	Medical Management Practice
MMPD	Medical Management Practice Domain
MO	Medical officer
NSQAC	National Specialist Qualifications Advisory Committee
NSW	New South Wales
NZ	New Zealand
NZMA	New Zealand Medical Association
PPLD	Personal and Professional Leadership Development
PPLDD	Personal and Professional Leadership Development Domain
PWAWP	Programmatic and Workplace Assessment Working Party
QLD	Queensland
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RCPA	Royal College of Pathologists of Australasia
RPLE	Recognition of prior learning and experience
RT	Research training
RTC	Research Training Committee
RTD	Research Training Domain
SIMG	Specialist International Medical Graduate
SIMGs	Specialist International Medical Graduates
STP	Specialist Training Program
TeORA	Te Ohu Rata O Aotearoa (TeORA) the Maori Medical Practitioners Association of Aotearoa/New Zealand
UK	United Kingdom
VIC	Victoria

Executive summary

Medical administrators are uniquely placed in the constantly changing health systems of modern times to be leaders and partners in bridging the gaps that arise in the quality of clinical care and the resources available to provide that care. They are medical clinicians with training in health service management; and health service managers with training in clinical care.

It has become clear in recent decades that education of clinicians (and specifically, medical officers) in the basic sciences and the clinical sciences, is inadequate for good health care delivery; and educators have now proposed a third pillar of medical education; that of health systems science. The Fellowship Training Program (FTP) of the Royal Australasian College of Medical Administrators (RACMA), now in its 50th year, offers medical officers the opportunity to study and master health systems science, and practise in this area to the level of specialist recognition and registration.

For the past ten years, the RACMA has been accredited with the Australian Medical Council (AMC) as the body whose training program is acceptable to the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) for specialist registration in the area of Medical Administration. This documentation is presented as preparation for the survey to be conducted in 2018 for the RACMA's Re-accreditation from March 2019.

Faculty

The RACMA has 322 Fellows and 313 Associate Fellows in active practice across Australia and New Zealand. The RACMA Board, of 10 members, is supported by a Chief Executive and a Secretariat of 10-12 staff members operating from the College Office in Hawthorn, Victoria.

Trainees of this College are known as Candidates for Fellowship. Candidates may be registrars, in traditional apprentice-master relationships with specialist medical administrators in hospitals or health services; or specialist clinicians who have become involved in health system management, who wish to become expert in an additional field, that of Medical Administration.

In June 2018 there are 145 Candidates enrolled in the FTP. There are 44 registrars in Australia and three in New Zealand. There are 92 Candidates in substantive leadership posts in Australia, and six in New Zealand. There are 86 Candidates in full-time practice and fifty-nine in part-time training.

Each Candidate has a Supervisor with a training role who is available on site, for the relevant semester; and a Preceptor in a mentoring role who will generally be working at a distance from the site, for the duration of the candidacy. There are eight Fellows across Australia and New Zealand, named Jurisdictional Co-ordinators of Training (JCTs), who have responsibilities for co-ordinating workplace learning, and networking of Candidates with Supervisors and Preceptors. All these 'Fellowship Faculty' roles are voluntary.

Fellowship Training Program

The training program is available to registered medical practitioners in Australia and New Zealand. The formal learning is conducted by studying in a recognised university master's degree program and the experiential learning is gained from supervised medical management practice in an accredited training post.

In the RACMA Fellowship Training Program (FTP) in 2018, the Curriculum domains of learning are:

- Health System Science (HSS);
- Medical Management Practice (MMP);
- Research Training (RT); and
- Personal and Professional Leadership Development (PPLD).

The facets of evidence of learning are:

- attainment of a Master's degree in health system management;
- success in a minimum of three years of performance in supervised medical management practice,
- satisfactory completion of the Medical Management Oral Examination;
- the completion of a health service research project; and
- development and maintenance of personal and professional leadership attributes.

Depending on background, experience and recognition of prior learning, most Candidates complete the training program in three-four full-time equivalent years while working in supervised medical management practice in hospitals, government positions, in the private sector, in military environments and in other expanded settings.

The following table outlines the curriculum learning objectives and assessment activities aligned by these domains.

Curriculum at a glance

Domains and role competencies	**Training goals**	**Topics** Curriculum Steering Committee	**Formative learning** Supervisors and preceptors	**Summative assessment** Training Progress Committee Board of Censors
Health system science Medical expert	Acquisition of specialist knowledge	Systems thinking Corporate planning and governance Clinical governance and patient safety Financial management Human resource management with reference to medical officers Operational systems – public, private, non-government, critical care, acute care, sub-acute care, health promotion and prevention, General Practice, investigations, non-procedural care, procedural medicine, surgery Digital health Medical education Critical evidence-based decision-making Health services research	Self-directed and University determined University assignments	Attainment of Master's degree
Medical management practice Communicator Medical manager	Practice of workplace skills		Supervisor- and self-directed in workplace Log of learning activities Learning sets (distance tutorials) Observed management tasks Case -based discussions College Trial Oral Examination	Satisfactory In-Training Performance Reports Minimum of three FTE years MMPD Oral Examination
Research training Scholar	Practice of evidence-based decision-making		Supervisor-and self-directed critical evidence-based analysis and management reasoning Supervisor- and self-directed conduct of health service research	Oral presentation of research progress Written presentation of research outcomes
Personal and professional leadership development Advocate Collaborator Professional Leader	Development of personal attributes	Planning Ethical decision-making Teaching Supervising Delegating Negotiating Reflecting	Supervisor- and self-directed guided reflection discussions Log of learning activities	Satisfactory In-Training Performance Reports

Executive summary

Accreditation processes

The RACMA was first accredited following a visit by a Team from the AMC, in 2008, initially for four years. A second visit in 2012 commended several changes which had occurred in the FTP and made more suggestions for improvements. Recommendations continued to be addressed in subsequent annual reporting and in 2016 the accreditation was confirmed, with all standards having been met, for expiry in March 2019.

Between 2008 and 2012, the RACMA revised its Constitution, and published a new Medical Leadership and Management Curriculum. It aligned its member Continuing Education Program (CEP) to the Curriculum Role Competencies (graduate outcomes) and enhanced its FTP education in line with the Learning Outcomes (objectives) of these role competencies. It retained its requirement for completion of a relevant Master's degree and retained a Pre-Fellowship Oral Examination.

Between 2012 and 2016, the College introduced a Research Training (RT) component to the FTP and created College-organised formative leadership learning activities for all role competencies, associated with workshops and Fellow-led learning sets (distance tutorials). It established practices for accreditation of training sites; and increased supervisor and Candidate accountability in workplace observation and feedback, with monitoring of In-Training Assessment Reports (ITARs). A mandatory College-organised Trial Oral Examination was introduced.

Between 2014 and 2016, the RACMA Board, on the recommendation of its Education and Training Committee (ETC), committed to re-structuring the FTP from a progression model of annualised hurdles leading to eligibility to present to an exit Oral Examination; to an integrated one based on programmatic learning and summative assessment, in domains. The Board endorsed the new model in 2017.

Following the principles of andragogy (adult learning), assignments, learning tasks and examinations are now considered to be sets of assessment points for learning in each of four relevant domains, with the Oral Examination being retained in the FTP as a measurement moment in one domain, that of Medical Management Practice. The eligibility to sit the Oral Examination requires satisfactory *performance in* (beyond *experience of*) a minimum of 30 months FTE supervised medical management practice; and participation in the College Trial Examination. It is no longer required that the Master's study or the research project be completed, or that College-level assignments have been completed satisfactorily, for Candidates to be eligible to sit the Oral Examination.

The main change that requires special training is the expectation that Supervisors and Candidates will now spend more time in documenting observation and feedback in the workplace, for the purpose of demonstration of success in a period of training.

While the new structure represents a shift in educational philosophy, there has been little change in the practical requirements for completion of the program, for most Candidates.

By mid-2017 the AMC had identified that all accreditation standards for RACMA had been met and confirmed the College's accreditation to March 2019.

Re-Accreditation

The College has prepared this submission against the Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015, in effect from January 2016.

Board governance

Advocacy and Policy

RACMA has existing policies addressing diversity, community engagement and workplace wellbeing. In early 2018, the Board of RACMA is launching a consultation and development process for renewing its policies on diversity and for development of a Diversity and Inclusion Advocacy and Policy Framework, a key feature of which will be its Reflect Reconciliation Action Plan.

Digital health

RACMA has systems thinking, medical record management and e-health issues as topics in its Curriculum. In late 2018, the Board is pursuing the development of a position statement on digital health and its importance in health systems thinking.

It is expected that these documents will have an impact on revisions to the Curriculum and hence there will be implications for the content of education programs delivered by the College for clinician leaders, and the implementation of the FTP.

The context of training and education

Structure of FTP

The introduction of a new structure for the FTP has begun for Candidates in the 2018-entry cohort, with an expectation that they may be likely to be presenting for their Medical Management Practice Oral Examination in mid-2020, under new eligibility rules that require more performance in workplace accountability and less performance in summative written assignments. Candidates who entered prior to 2018 will be expected to present for the Examination, in 2018 and 2019 under the previous rules, unless application has been made to transfer to the new expectations.

The College Office plans to continue its communication of the business rules associated with the transition in a way which ensures that no existing Candidates are disadvantaged.

Calendar for FTP events

The transition has created an opportunity for re-arranging the FTP Calendar in terms of dates for Trial Oral Examinations and College Oral Examinations. There have been changes to the scheduling of workshops and learning sets as well. The consequences of these transition arrangements are that in 2018 there will be two opportunities for Candidates to sit the Trial Oral Examination and in 2019 there may be two College Oral Examinations held.

The Board of Censors is planning for training of more Censors, in anticipation of the increased load in Oral Examination preparation that may be required above previous years, for the next three years.

Teaching and Learning approach

Workplace observation and performance

In the past decade there has been a large increase in the numbers of medical administration registrars amongst the Candidates. Registrars now make up 25% of Candidates (44/135). They have joined a group of self-directed clinician leader-learners with substantial experience in the health system, whose requirements for supportive supervision and assessment for learning are less intense than for registrars. Although keen to help, there are now some Supervisors who are struggling with the increased requirements for frequency and quality of accountability in the provision of observation and feedback to their less experienced Candidates.

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With respect to workplace learning, the In-Training Assessment Report (ITAR) has become the In-Training Performance Report (ITPR). It requires logging of educational sessions and multiple formative assessment moments in a six-month term. It has retained the rubric for end-of-term self- and supervisor- assessments of progress against the RACMA role competencies and added an option for assessment that the Candidate has attained 'proficiency' in the nominated learning objectives. Rubrics for workplace observation and feedback are being piloted across 2018 and 2019 for full implementation in 2020.

The Education and Training Committee is planning for increased communication and support over the next two years, for Supervisors, Preceptors and Jurisdictional Co-ordinators of Training (JCTs) throughout Australia and New Zealand to address consistent adoption of greater accountability in training Candidates in the workplace.

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Standard 1
The context of training and education

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Standard 1
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1.1 Governance

Accreditation standards

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

The Royal Australasian College of Medical Administrators

The Australian College of Medical Administrators was inaugurated in 1967 and was granted its prefix of 'Royal' in 1979.

In June 1980, the Australian National Specialist Qualification Advisory Committee (NSQAC) accepted **Medical Administration** as a Principal Specialty, and the Fellowship of the Royal Australian College of Medical Administrators (FRACMA) as the appropriate higher qualification, based on **professional standing and adequacy of training and assessment**.

In 1998 the Charter was amended to incorporate New Zealand in the formal structure of RACMA and the name was officially changed to the **Royal Australasian College of Medical Administrators**.

The membership of the College in June 2018 is, by classes and country, outlined in Table 1.1_1 Memberships in the College.

Table 1.1_1 Memberships in the College

Category	Total	Australia	New Zealand	Hong Kong	Other countries
Fellows	348	292	30	21	5
Retired Fellows	37	30	1	6	
Honorary Fellows	22	14	1	2	5
Associate Fellows	314	299	14		1
Candidates	145	134	11		
Affiliates	7	4	3		

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Fellows are medical practitioners who have completed the training program of RACMA and been elected to membership in the category of Fellow. Fellowship confers registration as a specialist medical practitioner.

Associate Fellows are medical practitioners who have completed the educational program 'Leadership for Clinicians' and been elected to membership in the category of Associate Fellow. They may use the post-nominal 'AFRACMA' but this does not confer specialist registration status.

Candidates are trainees enrolled in the Fellowship Training Program who have membership of the College in the category of Candidate.

Affiliates are medical practitioners with an interest in medical administration who apply for membership status in the category of affiliate.

RACMA Constitution

The Royal Australasian College of Medical Administrators is governed by a Constitution (Appendix 1.1_1) whose principal object is

> *'to deliver comprehensive education and training programs to medical managers and Medical Practitioners who are training for, or occupying, management roles and positions'.*

The Constitution establishes a Board and several Jurisdictional Committees.

RACMA Board

There are 10-11 Directors of the Board, nine of whom are elected by Members:

- President;
- Vice-President;
- Chair Education and Training;
- Chair Finance and Audit;
- Three additional Fellows;
- Associate Fellow – elected by Associate Fellows;
- Candidate – elected by Candidates; and
- Up to two appointed experts (in business, education and/or community) appointed by the Board.

With RACMA's key purpose being the oversight of education and training programs for medical practitioners, the Board's Constitutional Committees are the Education and Training Committee (ETC) (Appendix 1.1_2 Terms of Reference) and the Finance and Audit Committee (FAC) (Appendix 1.1_3 Terms of Reference). Directors are elected to the specified roles of Chair of Education and Training (Appendix 1.1_4 Role description) and Chair of Finance and Audit (Appendix 1.1_5 Role description).

The other key Committees of the Board are the Advocacy and Policy Committee (APC) (Appendix 1.1_6 Terms of Reference) and the Learning & Teaching Centre Reference Group (LTRG) (Appendix 1.1_7 Terms of Reference).

There are two constitutional subcommittees of the Education and Training Committee – the Continuing Education Program Committee (CEPC) (Appendix 1.1_8 Terms of Reference) and the Board of Censors (BOC) (Appendix 1.1_9 Terms of Reference). These Committees are chaired by constitutionally identified Officeholders. The Chair of the Continuing

Education Program Committee (CCEPC) (Appendix 1.1_10 Role description) and the Censor-in-Chief (CIC) (Appendix 1.1_11 Role description) and are appointed by the Board as advisors, for specified periods, and, in these roles, they are regular observers at Board meetings. Figure 1.1_1.

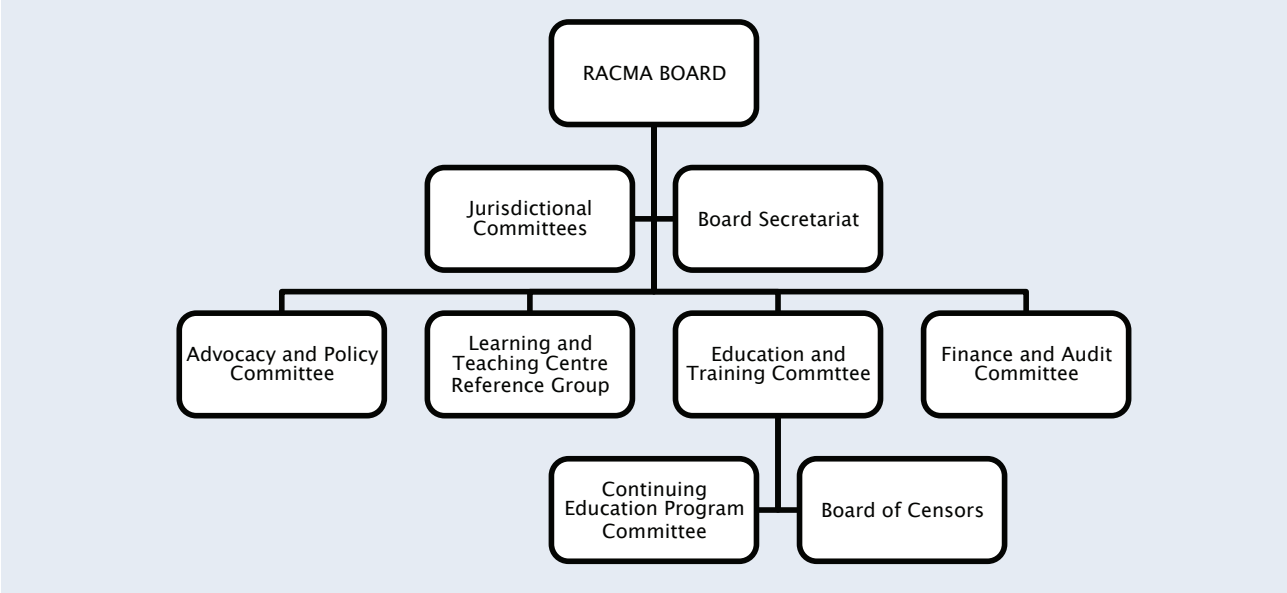

Figure 1.1_1 Board Committees

Jurisdictional structure

Each jurisdiction (New Zealand and each State or Territory of Australia) has a committee (small numbers in some states have warranted merging) which is responsible for leading its members in all its activities; and supporting the Board of RACMA in its implementation of its strategy. (Appendix 1.1_12 Terms of Reference) The Jurisdictional Committee (JC) is particularly responsible for organising Continuing Education (CE) opportunities; and implementing FTP learning activities for its constituency. Each JC has an elected Chair and co-opted interested Fellows. It has one or two Candidate representatives appointed by expressions of interest and/or election.

Each JC appoints a Jurisdictional Co-ordinator of Continuing Education (JCCE) (Appendix 1.1_13 Role description) who signs-off on the continuing education activities of Fellows in the jurisdiction.

The Committee also appoints a Jurisdictional Coordinator-of-Training (JCT) (Appendix 1.1_14 Role desciption), or two or three Fellows take responsibility for functions, and this/these Fellow/s liaise/s with local Candidates, Supervisors and Preceptors to ensure alignment and standardisation in the implementation of workplace training in the jurisdiction.

The JC's funds are managed as identified cost centres in the College Office accounting systems. Figure 1.1_1.

Committees

The College has an outline of Board Standing Committee Delegations (Appendix 1.1_15). The College's Standing Committees, committees and working parties have terms of reference that identify:

- The purpose of the group,
- The functions it oversees,
- Its delegations,
- Its relationships with other committees,
- Its membership – key Fellows and other College members (AFRACMAs and Candidates),

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- Its key external stakeholder representation,
- Its evaluation processes for its functions,
- Its meeting frequency and
- The administrative support that is provided.

Policies and regulations developed by the College's committees are available on the College website and each identifies a date for review. Those relating to CE and the FTP are specified in identified Handbooks, which are also accessible publicly on the RACMA website.

Advocacy and Policy Committee

The APC was established in 2012 under clauses 4.2 and 12.6 of the RACMA Constitution, and in line with the Board's Policy on Policy Development. (Appendix 1.1_16). The Deputy President of the Board is the Chair of the APC.

Its functions include:

- developing and supporting RACMA's health policy research, analysis and development;
- building RACMA's capacity for advocacy;
- ensuring active support for doctors in management and leadership;
- increasing RACMA's influence on Australian health system policy development; and
- contributing to building a credible RACMA voice for development of health services both within Australia and New Zealand and other international settings.

Strategic planning

Since 2006 the Board has published four Strategic Plans: 2006-2009 (Appendix 1.1_17), 2010-2012 (Appendix 1.1_18), 2014-2016 (Appendix 1.1_19) and 2017-2020 (Appendix 1.1_20). In all these plans there has been an emphasis on the provision of education and training programs that meet the emerging needs of the communities served by College members. The overarching plan for the Program for Action 2017-2020 is

"To enhance the health of Australia and New Zealand by advancing to excellence the medical administration profession".

Cultural awareness

In its strategic planning processes, the RACMA Board has noted increasing awareness internationally that lack of recognition of diversity, and discrimination against people, due to their gender, ethnicity, indigeneity, sexual orientation and identity, age, disability or religion, are common system problems with serious health, social and economic consequences for affected individuals, their families and communities.

The College recognises that its Fellows and Associate Fellows, in their roles as custodians of safety, quality and system integrity are uniquely positioned in the Health System to promote change 'for the better' at the organisational, local, state and national level.

Since 2013, the College has had a policy on Cultural Capability and Practice (Appendix 1.1_21) and a Position Statement on Cultural Competence for Medical Administrators in Australia and New Zealand (Appendix 1.1_22), which outline its commitments to respect for indigenous traditional knowledge and traditional cultural expressions; and its commitments to improvements in the health of indigenous peoples by training of medical administrators to be skilled in cultural competence; and by encouraging the training of indigenous doctors in the specialty field of medical administration.

Discrimination, Harassment, Bullying and Victimisation

In 2015, the College undertook a survey of its members to ascertain the extent to which bullying, harassment and discrimination existed in the workplace of RACMA's members, the actions taken to address the instances of bullying, discrimination and sexual harassment (BDSH), and whether the nature of health workplaces allowed BDSH to persist. In response to replies which identified that bullying and harassment appeared to be widespread in health care settings, the College strengthened its position and promulgated its policy on Discrimination, Harassment, Bullying and Victimisation (DHBV) (Appendix 1.1_23).

This policy clearly articulates the expectations and requirements of acceptable standards of conduct, the responsibilities of the College, of external settings and of members in giving effect to the policy; how complaints about breaches of the policy are handled, and the consequences of breaching a requirement of this policy.

Diversity and Inclusion Advocacy and Policy Framework

Following on from consultations and presentations in 2016 and 2017, it is proposed that in 2018, a Diversity and Inclusion Advocacy and Policy Framework, led by the APC, will bring together existing policies and plans more formally, and guide the development of new plans for commitments to better health care for special groups.

The College has a Policy on Community/Consumer engagement (Appendix 1.1_24) that commits its members to awareness and inclusion of community members on its key Committees and in its consultation processes.

The College APC is committed to development of its Reflect Reconciliation Action Plan in 2018; allowing the RACMA to spend time scoping and developing relationships with Aboriginal and Torres Strait Islander stakeholders and deciding on its vision for reconciliation in its spheres of influence.

It is expected that, like the Board's recent Clinical Governance Training Framework (Appendix 1.1_25), new policy plans will include additional suggestions for learning objectives in the RACMA Curriculum for training of medical officers in medical administration.

Learning & Teaching Centre Reference Group

The LTRG (Appendix 1.1_7) is a committee of the Board of RACMA, chaired by the Vice-President. It is made up of interested Fellows who have oversight of the:

- 'Leadership for Clinicians' year-long educational program for doctors with an interest in leadership in health system matters;
- 'Management for Clinicians' weekend educational workshops for raising awareness amongst doctors, of hospital management issues; and
- Professional Development Forums held two-three times per year for members of RACMA and interested clinicians in response to survey-sought opinions on needs.

The members of this Committee are also involved in the organisation of RACMA Annual Scientific Meetings.

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Education and Training Committee

The ETC is the constitutional Committee governing education and training functions in the College (Appendix 1.1_2). It is chaired by the elected Board Director for Education and Training (Appendix 1.1_4). The ETC's overarching policy document is the RACMA Medical Leadership and Management Curriculum (Appendix 3.1_1). The functions of the ETC are:

- Development, monitoring and oversight of the Education and Training strategy;
- Oversight of RACMA members' continuing education and other Medical Practitioners' education about medical management;
- Monitoring of the Fellowship Training Program's teaching, learning and assessment; and
- Receipt and endorsement of regulatory reports (including Specialist International Medical Graduates' assessment outcomes).

The ETC receives recommendations from relevant committees and panels concerning the eligibility of applicants for Candidacy; the suitability of posts for Accreditation for workplace training; and the comparability of Specialist International Medical Administrators for endorsement according to its delegations (Appendix 10.1_1).

Hence, in addition to the Chair of the CEPC and the CIC, as Chair of the BOC, the membership now includes:

- the Chair of the Curriculum Steering Committee,
- the Chair of the Training Progress Committee,
- two Domain chairs – the Lead Fellow in Research Training and the Lead Fellow in Personal and Professional Leadership Development;
- the Chair of the Accreditation Review Committee,
- the Chair of the Candidate Advisory Committee,
- a representative from the Rural Advisory Group,
- a consumer advisor and representatives from jurisdictions.

Figure 1.1_2 outlines the membership of the Education and Training Committee.

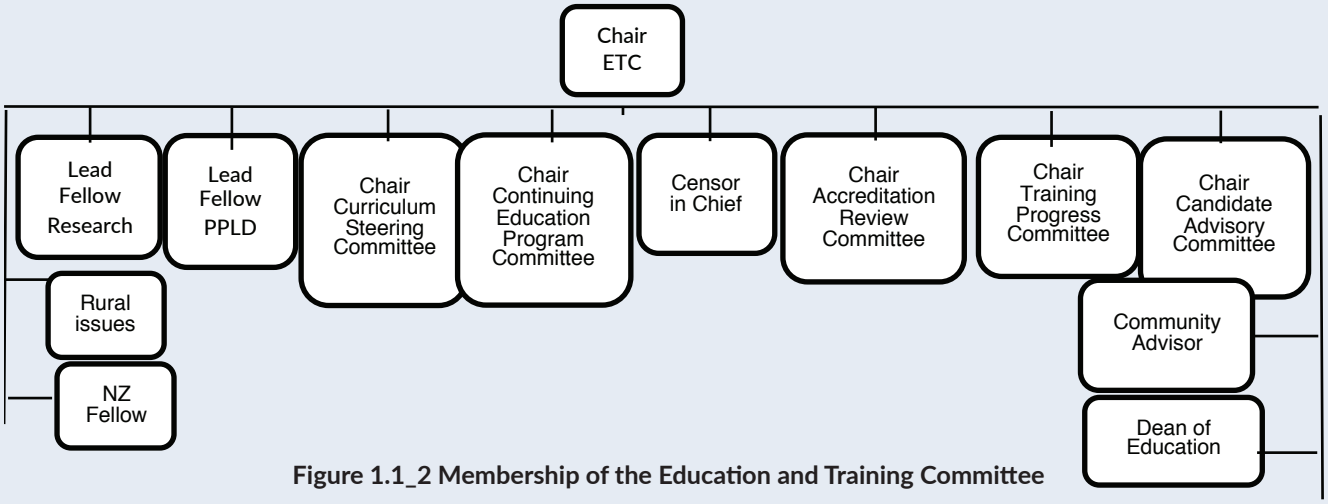

Figure 1.1_2 Membership of the Education and Training Committee

The Dean of Education, as an employee of the College Office, has responsibility for oversight of implementation of the ETC's strategic and operational policies, plans and processes. The activities of these Committees, of the Lead Fellows and their subcommittees, and of the working parties of ETC, are supported by identified staff in the College Office in conjunction with the Dean.

Continuing Education Program Committee

The CEPC (Appendix 1.1_8) is a constitutional committee of the ETC. Its chairman is the constitutional Board-appointed Fellow with interest and experience in post graduate continuing education. (Appendix 1.1_10) It is made up of the JCCEs (Appendix 1.1_13).

The functions of the CEPC are:

- Development of policy and standards for assessment and monitoring of professional development for Fellows and Associate Fellows;
- Oversight of members' registration of activities for demonstration of continuing professional development for continuing specialist registration purposes;
- Ensuring compliance with the standards of the MBA and the MCNZ; and
- Co-ordination of the College Mentoring Program (Appendix 1.1_26).

Structure of Fellowship Training

Increased requirements for transparency and accountability in Candidate learning, especially in the workplace, and in the call for accountability in summative assessment have occurred since RACMA's first accreditation submission in 2008.

The structure of the Fellowship Training Program has changed since the AMC Accreditation Review in 2012, from that evident in Figure 1.1_3 to that of Figure 1.1_4. Although there is actually minimal change in the activities of Candidates in the 'new' structure, the shift has implications for Supervisors who are assessing *for* learning, and for the Training Progress Committee (TPC) (Appendix 1.1_27) and the BOC whose members are making assessments *of* learning.

Across 2015 - 2017 several strategic planning meetings and consultation forums were held with relevant Committees and Candidates and in early 2017 the Board adopted, in principle, the shift from a progression model of learning and assessment to an integrated one of alignment of assessment methods with the learning outcomes of each of four domains (Appendix 3.1_2). The Oral Examination, once an exit examination for *all* learning objectives, has been retained as a major component of assessment in *one* of the Domains, that of Medical Management Practice (MMP).

A key issue for the transition is the Project's call for greater accountability in workplace-based observation and feedback for Candidate learning in the FTP, and the ETC has developed a transition plan for 2018-2020 (Appendix 3.1_3).

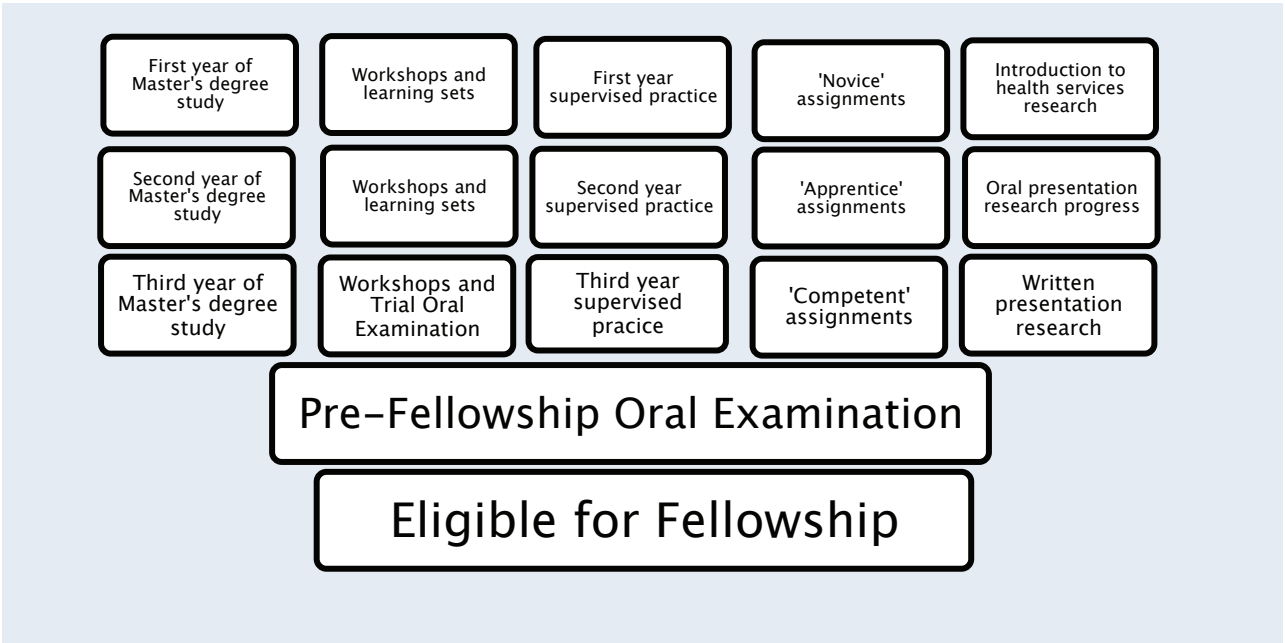

Figure 1.1_3 Progression model in the Fellowship Training Program

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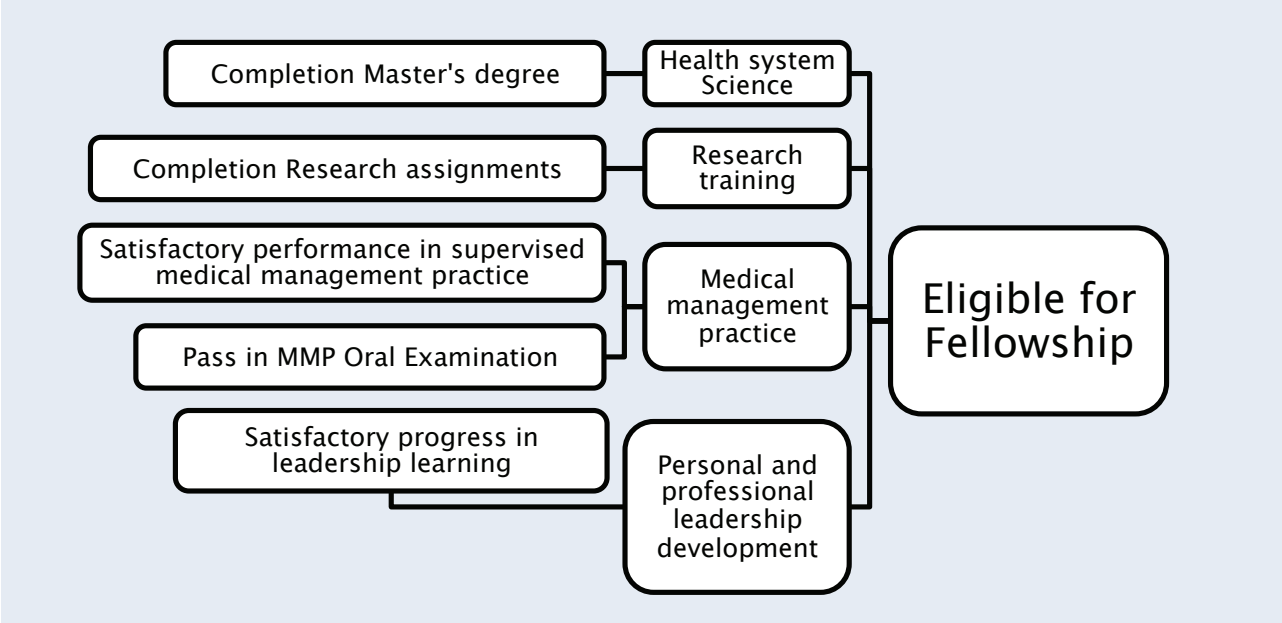

Figure 1.1_4 Integration model in the Fellowship Training Program

Reporting to the ETC are three key curriculum-related operational Committees (chaired by appointed Fellows):

- ***The Curriculum Steering Committee*** which oversees the currency of the learning objectives of the eight role competencies making up the four domains, and the delivery of enhanced teaching in those syllabi (Appendices 1.1_28, 1.1_ 29);
- ***The Training Progress Committee*** which monitors workplace learning performance (Appendix 1.1_27); and
- ***The Board of Censors*** which oversees the conduct of the Oral Examination and identifies assessors for the Research Training domain assignments, panellists for recognition of prior learning, surveyors for accreditation of sites for training, and panellists for assessment of Specialist International Medical Graduates (SIMGs). (Appendix 1.1_9).

There is an identified Lead Fellow for Research Training (RT) and a Lead Fellow for Personal and Professional Leadership Development (PPLD) whose governing roles include addressing the syllabus, the educational program, the formative learning activities and the appropriate alignment of summative assessment activities with those learning objectives in those domains. Other strategic functions of the ETC include addressing rural health management and indigenous health care in the curriculum. It is also responsible for recommendations concerning monitoring of Candidate satisfaction in the FTP.

The work of these sub-committees and functions is supported by College Office staff members responsible for operationalising the policies and business rules relating to their functions.

Candidate involvement in training program governance

The Candidate Director is elected by Candidates. Candidates are formally included in the Education and Training Committee, the Curriculum Steering Committee, the Research Training Committee and the Rural Advisory Group. They are full voting members of these groups but are expected to declare a conflict of interest and not be involved in discussions or voting on summative assessment outcomes.

There are Candidate representatives on each Jurisdictional Committee and they make up the College Candidate Advisory Committee (CAC) (Appendix 7.2_1), whose Chair sits on the ETC.

Candidates and New Fellows are involved in ad hoc working parties relevant to strategic issues in the FTP from time to time e.g. most recently, the Programmatic and Workplace based Assessment Working Party and the Research Training Review Group.

Governance of the assessment of specialist international medical graduates

Similar to other specialist medical colleges, the RACMA has developed and utilised a process for assessing the comparability of the training of international medical graduates with overseas qualifications in medical administration, who seek specialist registration in Australia and New Zealand (Appendices 10.1_1, 10.1_2). This topic is expanded in Standard 10.

External Collaboration

The principal activity of the College is the delivery of educational programs. In addition, led by the APC, the College provides advice and makes submissions on issues relevant to health leadership and management, as they arise. The College maintains liaison with other medical colleges on both these priorities through regular participation in the meetings of the Council of Presidents of Medical Colleges (CPMC) of Australia and the Council of Medical Colleges (CMC) of New Zealand. College staff members have attended regular meetings of the Network of College Educators (EdNet) since its inauguration in 2005.

There has been a longstanding agreement of collaboration with the Australasian College of Health Service Management (ACHSM) and in recent times the Board of ACHSM agreed to recognise long-term Associate Fellows who were also Fellows of RACMA with Fellowship of the ACHSM.

There is an external community Director on the Board of RACMA and a community representative on the ETC. (Appendix 1.1_24). There are three key intersections of relationships with external bodies that are governed by RACMA's overarching curriculum.

- The first is the ***relationship of the College with Universities*** making submissions for RACMA recognition, of their Master's degree programs as acceptable for Candidate learning in health systems science. The governance of this process is the responsibility of the Curriculum Steering Committee (CSC) reporting through the ETC of the Board.
- The second is the ***relationship between Jurisdictional Chairs and the health departments***, hospitals and health services in which Fellows and Candidates are employed. The governance of this relationship is expressed by relevant RACMA representatives reporting to the Board concerning discussions about workforce planning, funding of health services and service development in relation to medical officer leadership.
- The third intersection is that with ***the individual training posts which apply for accreditation*** of their sites for training of their medical officers in management and leadership positions. Governance is assured with a requirement for signature of site executives on applications for accreditation and a requirement in the interview survey process for allocation of time to be spent with executives in addition to the potential supervisors and candidates. Although not a formal memorandum of understanding, the College's regulation for accreditation of sites outlines the responsibilities of all stakeholders, including the hospital executives (Appendix 8.2_1).

Internal Collaboration

The key internal stakeholder groups are the JCs, the JCCEs and the JCTs. The Chairs of Jurisdictional Committees meet face-to-face with the RACMA Board at least annually and all are invited to Board strategic planning meetings.

The JCCEs meet monthly as members of the CEPC. (Appendix 1.1_8).

The JCTs meet quarterly as members of the TPC (Appendix 1.1_27); and are involved in annual and ad hoc planning meetings concerning the FTP deemed 'JCT planning meetings'. They are also members of the Accreditation Review Committee (ARC) (Appendix 8.2_4) which oversees the accreditation of supervised medical management practice sites.

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Governance in relation to conflicts of interest

The Regulation for dealing with Conflict of Interest (Appendix 1.1_30) outlines comprehensively the College's procedures for identifying, recording and managing conflicts of interest in corporate and educational governance.

The issues in terms of corporate conflicts of interest relate to potential financial and other material gain. The issues in relation to educational governance relate mostly to summative examinations and the degree to which having knowledge of a Candidate's performance in another setting might influence a Censor's judgement in the examination setting.

Members are expected to complete an Annual Confidentiality and Conflicts of Interest form.

1.2 Program management

Accreditation standards

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
- planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
- setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
- setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- certifying successful completion of the training and education programs.

Program management

The RACMA Board's key committee is the Education and Training Committee which is chaired by the Board Director elected specifically to that role; and its functions include

strategy and accountability for:

- training of Candidates;
- continuing professional development of Fellows and Associate Fellows; and
- assessment of Specialist International Medical Graduates (SIMGs).

It is the committee which certifies completion of training and education programs and recommends relevant membership to the Board of RACMA. It is also the Committee which identifies for the Board those Candidates whose membership should be revoked for non-compliance with eligibility, or for withdrawal from candidacy for non-completion of program requirements.

Committee structures have been outlined in addressing Standard 1.1 Governance for the three functions; and more detail is provided in Standard 9 Continuing Professional Development and Standard 10 Assessment of Specialist International Medical Graduates for those functions.

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1.3 Reconsideration, review and appeals processes

Accreditation standards

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Policy for reconsideration, review and appeals

The Policy for reconsideration, review and appeal of decisions of College Committees and Officers (Appendix 1.3_1) is available on the College website. There is also a Regulation for appeal of a decision (Appendix 1.3_2). The Policy has a definition for grounds for appeals and a cascading approach to receipt of requests, identification of level of required response, implementation of transparent (but confidential) investigations, addressing natural justice and timely resolution of recommendations.

There is a process for establishment of Appeals Committees if needed, with an indication of level of internal and external advisors to be involved, as well as a timetable for completion of reviews. Table 1.3_1 outlines the outcomes for nine requests for reconsideration of decisions that have arisen 2013-2018.

Table 1.3_1 Requests for reconsideration of decisions made by a College Officer 2013-2018

Type of request	Outcome
Four requests for reconsideration of the decision by the RPLE Assessment Panel on entry to Candidacy	• For three applicants, decision was upheld after a reconsideration of the outcome and review of documentation by the College CE and the RPLE Assessment Panel • For one applicant, decision was overturned as a result of institution of a review process by the CE and the RPLE Assessment Panel, and an Independent Panel. RPLE award and entry to accelerated pathway was granted.
Five requests for reconsideration of Oral Examination results	• For four applicants, decisions were upheld and results maintained as a result of a review by the Censor in Chief. • For one Candidate the decision was overturned and Candidate was awarded a Pass as a result of a review by the CIC.

System problem complaints

The College has a Code of Conduct (Appendix 1.3_3) with appropriate consideration for dealing with breaches of the Code of Conduct, identified by way of complaints.

The RACMA Policy for reconsideration, review and appeals is written for those cases in which the Candidate is identified (Appendix 1.3_1). Dealing with anonymous complaints begins with discussions at the CE and Board Executive level and flows into relevant investigative discussions with College Office-holders and the seeking of legal advice where necessary. Reports to the Board are made when the issue has been finalised.

In the past two years, the College has received one complaint about processes in examinations and written assignments, written by a group of Candidates who did not wish to identify themselves for fear of reprisal. The CE, to whom it was addressed, brought the document to the attention of the Board President, the Chair of the Education and Training Committee, the Chief Censor and the Dean of Education. Following consideration and inquiry about the circumstances that were raised, amongst College Office staff, it was decided that some of the issues would become special topics in Candidate Communique's from the Chair of ETC, and in meetings between the CAC and the Chief Executive.

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The context of training and education

1.4 Educational expertise and exchange

Accreditation standards

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

Educational expertise in Fellows

All Fellows have Master's degrees in health and medical administration in addition to their primary medical degrees. The attainment of Master's level qualifications has usually signified some exposure to health system research. Some Fellows work in posts which require oversight of pre-vocational and specialist training in hospitals and some are actively involved in Administration in University-based clinical schools. About half of the College's Fellows and almost all Associate Fellows are qualified as specialists in a clinical College and they have adjunct appointments as clinical teachers and researchers in Medical Schools throughout Australia and New Zealand.

All Fellows who make themselves available to supervise trainees have had some background or experience in supervising the training of medical practitioners at some level. Most Fellows who make themselves available to participate in College Committees related to the FTP have an interest in self-directed learning about education.

Several Fellows have been surveyors with the AMC for both medical schools and specialist medical colleges over the past ten years and they have brought understanding and expertise to the strategic planning and educational policy development activities of the College. Some Fellows in recent times have been Chief Executives of some of the clinical Colleges (e.g. RACP, RACS, RCPA, ANZCA).

Expertise in Office-holders

Key Office-holders such as Board Directors and Censors-in-Chief, since 2008, have held educational leadership positions (such as Heads of Departments or Deans) in medical schools and some have held educational positions in clinical Colleges.

The RACMA Board's key committee is the ETC which is chaired by the Board Director elected specifically to that role. The current Chair of Education and Training is a Fellow with formal qualifications in Education and many years of experience in medical education roles in specialist medical colleges.

College Office expertise

There has been a steady flow of College Office staff members with educational qualifications and university or specialist college expertise, who have contributed to the implementation of education and training activities of the College. In the College Office in 2018, the CE has expertise in regulation in the Education sector and in the Health sector and has qualifications in Health and Management. The current Dean (who is also a Fellow) has higher qualifications in Medicine, Health Services Research, and Education.

The College Office staff are recruited on the basis of their qualifications and backgrounds in the Education Sector. Current Learning and Teaching staff have experience and higher qualifications in education, and postgraduate training. The Fellowship Training staff have experience and higher qualifications in Higher Education governance and adult learning in the workplace. The Accreditation and Government Relations staff have experience and higher qualifications in vocational Higher Education and adult learning.

External expertise

When consultancies are needed for special issues, the RACMA engages appropriate educationalists to provide advice e.g. Prof Lambert Schuwirth[1] advised on Programmatic Assessment in 2014. (Appendix 5.2_5)

In 2015 a group of educational academics[2] advised on "What we Heard", RACMA's review of the fitness for purpose of its delivery methods. (Appendix 1.4_1)

Collaboration with other specialist medical colleges

Meetings of the CPMC are attended by the RACMA President and the CE and this has led to encouragement of sharing of activities and experiences in learning and assessment. RACMA Office Staff meet regularly with training and assessment managers from other Colleges e.g. Network of College Educators (EdNet) monthly meetings, network of CPD Coordinators, and Bi-annual Specialist Training Program (STP) meetings.

These activities have led to sharing of information, experiences and data. At this time, the RACMA has not engaged in formal benchmarking activities.

1 Dr Lambert Schuwirth is the Professor of Medical Education and Director of the Prideaux Research Centre, School of Medicine, Flinders' University.

2 Associate Professor Leanne Boyd, Cabrini Health; Associate Professor Judy Nagy, University of South Australia; Dr Sally Nathan, University of New South Wales; Professor David Boud, University of Technology, New South Wales; and Professor Stephen Billett, Griffith University

1.5 Educational resources

Accreditation standards

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

College Office

The Chief Executive is the Board Secretary and is the person accountable to the Board of Directors for the management of the College. The work of the Board, and the ETC, is supported by a College Secretariat of approximately 10 employees, operating from the College Office in Hawthorn, Victoria.

The functions of the College Office include support for corporate governance and educational governance.

Corporate governance -

External liaison
College financial accountability
Membership financial matters
Information management
Physical resources

Educational Governance -

Membership continuing professional development
Candidate matters – eligibility, training progress
Education programs – 'Management for Clinicians', 'Leadership for Clinicians'
Fellowship Training Program – position accreditation, education, progress review, assessment

The organisational structure in the College Secretariat is outlined in Figure 1.5_1

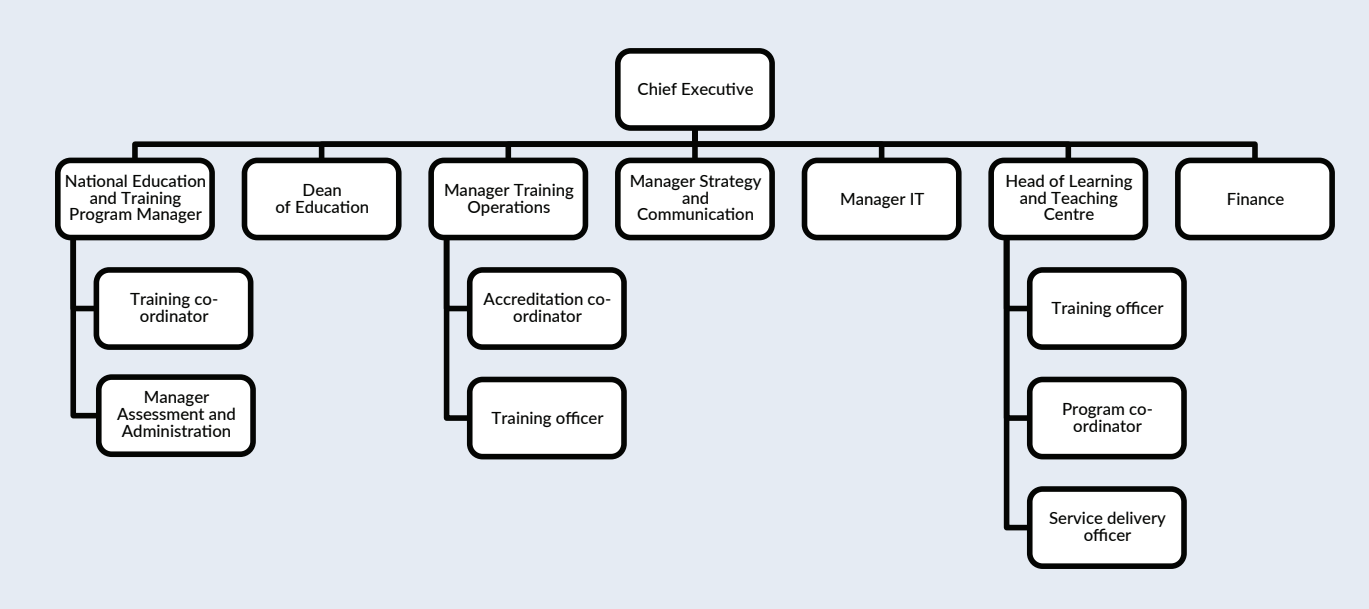

Figure 1.5_1 College Office organisational structure

External contracting

The College has an arrangement with an external contractor for Employee Assistance for employees and candidates. It also contracts legal advice.

Financial support

Financial reports for all functions of the College are published on the RACMA website and accounting reports are available in the College Office for scrutiny by members. (Appendix 1.5_1) Candidate Fees for 2018/19 are outlined in Table 1.5_1. They are published on the website.

Table 1.5_1 Membership subscription and Candidate fees 2018/19

Category	% of Fellow Rate	Net Fee	GST	Total
Annual Membership Subscriptions		$	$	$
Fellow		1,919.00	191.90	2,110.90
Hong Kong Fellow	40%	767.50		767.50
Retired Fellow/Member	25%	486.00	48.60	534.60
Retired Fellow (HK)	6.25%	189.70		189.70
AFRACMA		942.20	94.22	1,036.42
Affiliate	25%	479.75	47.98	527.73
Candidate		977.00	97.70	1,074.70
Life Fellow (>75 years)	N/A	-		Nil
Honorary Fellow	N/A	-		Nil
FY 2018/2019 Candidate Training Program Fees				
Candidacy application		1,287.00	128.70	1,415.70
RPL Panel Consultation fee		3,597.00		3,597.00
Training enrolment		896.00		896.00
Candidate Membership Fee		977.00	97.70	1,074.70
Candidate Membership Fee Pro Rata		488.50	48.85	537.35
FY 2018/19 Candidate Training Program Fees				
Credit Application Fee		358.00		358.00
Deferred training (Aust & NZ)		578.00	57.80	635.80
Annual training Fees include:				
Medical Management Practice Program (MMPP)		1,537.00		1,537.00
Leadership Program		422.00		422.00
Research Program Fees		839.00		839.00
Workshop Fees:				
Induction workshop (2 days)		1,839.00		1,839.00
Communications Workshop (2 days)		1,839.00		1,839.00
Pre-Fellowship workshop (2 days)		1,942.00		1,942.00

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Workshop Fees:				
Oral Case Presentation		432.00		432.00
Trial examination (1 day)		1,076.00		1,076.00
Pre-Fellowship Examination November 2018		3,280.00		3,280.00
2016/17 Fellowship Conferment & Ceremony		1,486.00	148.60	1,634.60
Pro Rata Fellowship Fee		959.50	95.95	1,055.45
2019 Commencing Candidate Medical Executive Training Program Fees				
Annual Training and Coaching Fee		1,539.00		1,539.00
Case Study Proposal		283.00		283.00
Witten Case Study		848.00		848.00
Oral Case Presentation		970.00		970.00
2019 Leadership for Clinicians				
Application Fee		1,165.00	116.50	1,281.50
Module 1				
Medical Leadership and Clinical Governance in Context		4,000.00		4,000.00
Module 2				
Workforce Management and Performance		3,000.00		3,000.00
Module 3				
Strategy, change and finance essentials		4,000.00		4,000.00
Application & Award of Associate Fellowship		895.00		895.00
Pro Rata Membership Fee		472.00	47.20	519.20
AFRACMA Membership Fee		942.00	94.20	1,036.20
Other Fees				
Maintenance of Professional Standards (MOPS)		2,055.00	205.50	2,260.50
CPD Learning Sets (x4)		615.00	61.50	676.50
RACMA Members		154.00	15.40	169.40
Non-Members		256.00	25.60	281.60
Affiliate Application Fee		746.00	74.60	820.60
Reconsideration and review		718.00	71.80	789.80
Appeals		4,241.00	424.10	4,665.10
Overseas Trained Specialist (OTS)		3,753.00	375.30	4,128.30
Reactivation of Fellowship Fee		3,393.00	339.30	3,732.30
Replacement Testamur		106.00	10.60	116.60
Management for Clinicians		1,580.00	158.00	1,738.00

1.6 Interaction with the health sector

Accreditation standards

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

Relationships with government bodies

The College Board maintains good relationships with the Australian states and territories, and New Zealand, health departments, via ad hoc and regular meetings about workforce planning, medical regulation and program funding. Several of the JCCs are members of State or National Health Department liaison committees, and JCTs are invited to meetings of coordinators of training in other specialties in their jurisdictions.

For example, in New South Wales (NSW) there is a strong relationship between the Health Department's Workforce group and the JC. There is also a strong relationship between the Committee and the Health Education and Training Institute (HETI)[3] which has a commitment to partnership with RACMA for a networked program for medical administration trainees.

Invitations to consultations are received at the College Office as requests to the President for her/his attendance or that of a delegate. Jurisdiction-specific requests are passed to the relevant Chair for follow-up. If it is appropriate, then outcomes of meetings or RACMA-participation in projects, are conveyed to the Board via jurisdictional reporting.

Relationships with community health-related organisations

The key relationships in this arena are the Australian Medical Association (AMA), the New Zealand Medical Association (NZMA) and the Australian Salaried Medical Officers Federation (ASMOF). Board members and jurisdictional committee members are commonly invited to discussions about medical officer welfare and workplace conditions.

The College has policies on cultural capability and on community engagement. (Appendices 1.1_21, 1.1_22, 1.1_24). There are processes associated with liaison with other organisations such as the Australian Indigenous Doctors Association (AIDA) and Te Ohu Rata O Aotearoa (TeORA) the Maori Medical Practitioners Association of Aotearoa/New Zealand. RACMA shares in the principles of the Collaboration Agreement between the AIDA and the CPMC.

Relationships with universities

The RACMA works with the universities offering Master's degrees that it has recognised for RACMA training, to formally provide information and assessment in the health system sciences (Appendix 3.1_4). There is an application process and, after review, a letter of affirmation is provided to the relevant university and the status is uploaded to the RACMA internet site (Appendix 3.1_5). The College Office staff monitor the statements made by the universities in their annual handbooks, in terms of RACMA Curriculum learning objectives and contact is made with those universities with which discrepancies appear to have arisen. Following discussion, recognition may be withdrawn. Every four years the Credit Review Committee of the CSC endorses the recognised list of programs, based on advice from the College Office Staff (Appendix 3.1_6).

3 Link to NSW Health Education and Training Institute http://www.heti.nsw.gov.au/Programs/MedicalAdmin/

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Relationships with training sites

The College's relationship with training sites is crucial to the training for Candidates. (Appendix 8.2_1) It is initially determined by the application for accreditation, which requires a request by the potential training site and justification for its recognition as a site for training. The statements are confirmed at the site visits when the surveyors speak with the site executives. Service delivery requirements within safe hours of work, is not usually a problem for medical administration trainees, who are not usually required to commit to overtime and/or prolonged hours of duty.

Key matters which are discussed at face-to-face visits are work performance vs work observation, supervision face-to-face time, access to health service research expertise and exposure to special services such as indigenous health services, mental health services and disaster management responsibilities.

More detail on this relationship is provided in Standards 7 Trainees and 8 Training Sites.

Health of indigenous peoples

It is a requirement in the application for accreditation of a training site, that statements are made about the availability of opportunities for exposure to health issues of indigenous peoples. RACMA e-learning modules concerning health issues for indigenous peoples are mandatory learning activities in the Training Program. (Appendices 2.1_2, 2.1_3)

RACMA welcomes applications from indigenous health services for accreditation of their sites for training in medical administration. There is one accredited post in Australia which is situated in an Aboriginal Community Controlled Health Service, and another in a hospital-based community health service in remote Australia. One of these posts is currently filled by a medical officer who identifies as being of aboriginal background.

1.7 Continuous renewal

Accreditation standard

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

Continuous renewal

In order to ensure relevance to the health systems of Australian and New Zealand communities, by maintaining its place in the higher education sector as the provider of training in medical administration, the College has a process of continuous renewal of its strategic activities, and of its educational polices and processes. See Standard 6 Monitoring and Evaluation.

It follows a cyclical pattern of receipt of information, analysis and consideration of risks, commitment of resources and review of actions; from annual and ad hoc surveillance of:

- plans, policies and regulations;
- financial data;
- educational activity data;
- satisfaction with the educational experience; and
- comparative reporting.

Strategy renewal

The Board of RACMA has annual strategic planning days, with JCCs in attendance, as well as invited supervisors, censors and College Office staff.

Generally, there are data from specific projects to review, or reports from external consultants. Recent activities have included 'What we Heard' – a survey of Fellows and Associate Fellows about their expectations of Fellowship and of the Training Program delivery in 2015 (Appendix 1.4_1), and the 2016 position statement on training in clinical governance (Appendix 1.1_25).

Annual suggestions from RACMA's participation in the AMC accreditation processes have played a large part in the development activities of the Board. Across 2014-2017 the ETC considered the structure of the FTP and in late 2017, the Board endorsed its 'Report on Programmatic Learning and Assessment' (Appendix 3.1_2), and the implementation plan 'Business Rules of the transition of the Fellowship Training Program 2018-2020' (Appendix 3.1_3). This is the project that shifted the structure from a progression learning model to an integrated model. See Tables 1.1_3 and 1.1_4.

In 2017 on the recommendations of the implementation planning group, some of the process shifts began, with specific attention to identifying that affected Candidates should not be disadvantaged by the process changes.

This project has resulted in some re-arranging of the sub-committee structure of the ETC and shifts in terms of reference; some re-structuring of the College Office; and the development of an operational plan for improvement in availability of resources for learning in PPLD for both trainees and supervisors in and across 2018-2019.

Standard 1
The context of training and education

Presidents of Medical Colleges

Another key source of information and advice has come from the College's participation in the CPMC. In Australia this is the Council of Presidents of Medical Colleges – attended by the RACMA President and the CE; and in New Zealand it is the Council of Medical Colleges, attended by the Chair of the Jurisdictional Committee for New Zealand and the CE. Activities in educational policy renewal for RACMA which have arisen from these commitments have been developments of policies relating to continuing professional development, trainee welfare and wellbeing; and indigenous health and indigenous medical workforce in both countries.

Business processes

The business planning processes of the Board are also annualised, with budgets for financial reporting years being endorsed at the March meeting of the Board. Discussions that have arisen in previous years have usually led to business cases being presented and prioritised in the lead-up to the March endorsement.

The Board has identified dates for review of strategic and operational polices and regulations, which are conducted by the various committees which established them, particularly those relating to the educational governance of the College.

Satisfaction with the educational experience

The College conducts annual and ad hoc candidate and supervisor surveys, as well as New Fellow surveys; the results of which are reported to relevant committees for review and response. The responses, which might suggest the need for resource commitment are then discussed at the ETC for recommendations to be made to the Board.

In 2016 and 2017 attention has been paid to pro-actively seeking out the opinions of candidates with the establishment of an annual open forum with College Office-holders. The CAC, which previously related to the Chief Executive, has been identified formally as a Committee of the ETC.

Summary of plans for the context of training and education

The College has made substantial changes to its Fellowship Training Program over the past decade and was considered to have met all the AMC standards by mid-2017. Suggestions concerning governance of the structure and workplace component of the Fellowship Training Program have been adopted.

When the College's Fellowship Training Program was first accredited in 2008, more than 90% of Candidates were clinicians with substantive posts as leaders in medical administration; there were very few medical administration registrars. With the acquisition of new Commonwealth funded Specialist Training Program posts and Integrated Rural Training Pipeline posts, registrars now occupy 35% of accredited training posts; and increased scrutiny has been applied to accountability of learning in the workplace, for this group of potentially less experienced medical officers.

As a result, the concept of frequently scheduled observation and feedback articulated in the RACMA Programmatic Learning and Assessment Project, is now embedded in workplace supervision commitments. The years 2018 and 2019 are planned as transition years for the increased accountability of these processes in supervised medical management practice. They will be customised to match the level of learning experience of Candidates.

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Standard 2
The outcomes of specialist training and education

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Standard 2
The outcomes of specialist training and education

2.1 Educational purpose

Accreditation standards

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

Educational purpose

As outlined in its Constitution (Appendix 1.1_1) and its Curriculum (Appendix 3.1_1) the purpose of the College is:

> *'to deliver comprehensive education and training programs to medical managers and Medical Practitioners who are training for, or occupying, management roles and positions'.*

RACMA has four core values in its overall purpose and in its educational purpose. (Appendix 2.1_1) These are:

- Professionalism;
- Integrity;
- Excellence; and
- Respect.

Educational purpose with respect to health of indigenous peoples

It is under 'Respect' that Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand are specifically identified. (Appendices 1.1_21, 1.1_22) The curriculum identifies reducing health disparities in the community as a topic of interest and all Candidates participate in e-module assignments relating to Cultural Competency and Issues in relation the health of indigenous peoples (Appendices 2.1_2, 2.1_3).

Consultation on educational purpose

As identified in Standards 1.1 Governance, 1.6 Interaction with the Health Sector and 1.7 Continuous Renewal, the College is regularly consulting internally and externally on educational purpose and implementation.

Standard 2
The outcomes of specialist training and education

2.2 Program outcomes

Accreditation standards

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

Program outcomes

The RACMA Strategic Plan's vision is to provide professional education, leadership, advice and expertise in medical management that promotes safe and effective healthcare. (Appendix 1.1_20). The College has been affected by broader health system challenges such as increased governance requirements and medical workforce developments generally and it is regularly reviewing its curriculum components to ensure that the graduate Fellow is able to address this complexity professionally (Appendix 2.2_1). The College program outcomes are its eight role competencies of medical expert, medical manager, communicator, scholar, collaborator, advocate, professional and leader as depicted in Figure 2.2_1 and adapted from review of the CANMEDS system[4].

4 Frank, JR.(Ed.) 2005. The CanMEDS 2005 Physician Competency Framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada. Updated in 2015

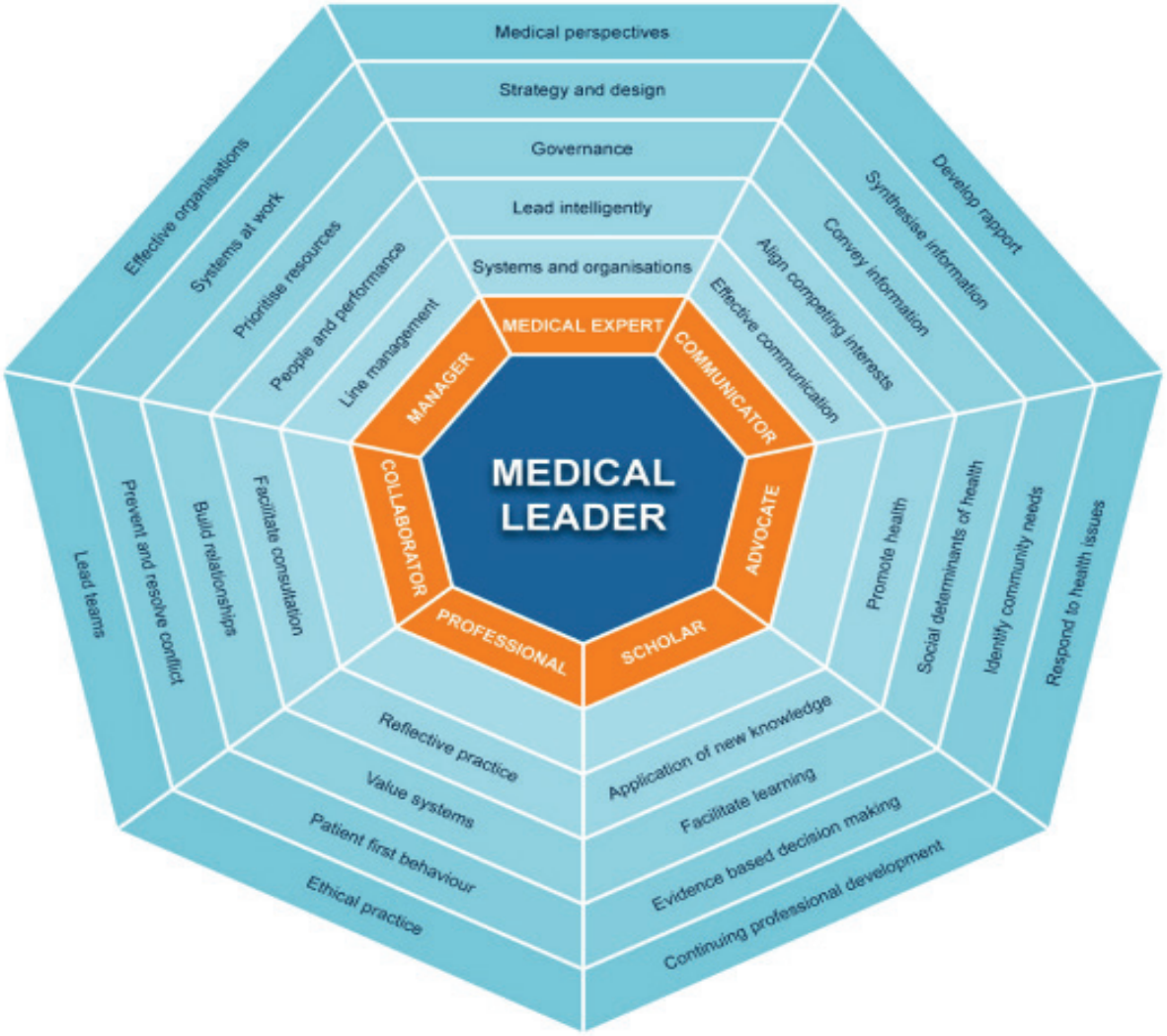

Figure 2.2_1 The College role competencies

The College has now grouped these eight role competencies into four Domains:

- Health system science;
- Medical management practice;
- Scholarship; and
- Personal and Professional Leadership Development.

By the completion of the program, Candidates have been assessed for the extent:

- to which they have acquired requisite health system knowledge;
- to which they have demonstrated competence in medical management practice; and
- to which they have developed professional health system leadership behaviours, to be considered registerable as specialist medical officers in medical administration.

The FTP provides Candidates with the knowledge, skills and personal attributes to achieve these outcomes, and the Continuing Professional Development program of the College, (the CEP) facilitates the maintenance and enhancement of these outcomes throughout the practice lifetime of the Fellow. The College's workforce survey 2015 identified current positions occupied by Fellows across Australia and New Zealand. (Appendix 2.2_2) These are outlined in Table 2.2_1.

Standard 2
The outcomes of specialist training and education

Table 2.2_1 Current positions of member survey respondents 2015

Position	All responses
CE or equivalent	14
Executive management EDMS, DMS, Director Clinical Governance	83
Regional or Hospital Clinical lead, Head of Clinical Department	52
Academic lead e.g. Dean, Department Head	5
Total	**154**

Several health departments in states in Australia now have documents outlining Scope of Practice in Medical Administration, which identify tasks that are similar to the learning objectives and outcomes of the RACMA Medical Leadership and Management Curriculum; e.g. NSW Health (Appendix 2.2_3).

2.3 Graduate outcomes

Accreditation standards

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

The outcomes of specialist training and education

The role competencies and their learning objectives have been grouped into four domains:

- Health system science – incorporating the Medical Expert;
- Medical management practice- incorporating the Communicator and the Medical Manager;
- Research Training – incorporating the Scholar; and
- Personal and Professional Leadership Development – incorporating the Advocate, the Collaborator, the Professional and the Leader role competencies.

Health system science

The main goal in the Health Systems Science[5] domain is the acquisition of specialist knowledge in health system management and leadership.

Medical Management Practice

The main goal of the Medical Management Practice domain is the development of skills in medical management practice.

Research Training

The main goal of the Research Training domain is skill development in evidence-based decision-making.

Personal and Professional Leadership

The main goal of the Personal and Professional Leadership domain is the development of personal mastery over attitudes and beliefs that are important in an expert Medical Administrator.

The training goals and objectives outlined in the Curriculum reflect the overall goal of RACMA specialist training which is to produce medical specialists capable of functioning independently in hospital and health service practice at an executive level.

Table 2.3_1 outlines the titles of 85 Candidates in substantive positions in 2018, whose supervisors are people with similar substantive titles (or 'higher' i.e. Chief Executive Officers).

Table 2.3_1 Roles of Candidates in substantive positions in 2018

Title of position	Number
Deputy or Director Medical Services	37
Director Community Health	2
Deputy or Director Clinical Informatics	2
Chief Medical Officer/Advisor	6
Director Clinical Governance	4
Director Medical Education	1
Head of a clinical department	27
Military Senior Medical Officers	6
Total	**85**

5 AMA Education Consortium (2017): Health Systems Science. Eds Skochelak, S and Hawkins, R

Standard 2
The outcomes of specialist training and education

Summary of plans for outcomes of specialist training

The Curriculum Steering Committee was re-activated in 2017 and it is planning to update the Curriculum over the next two years, specifically to incorporate the Clinical Governance Training Framework (Appendix 1.1_25) and the College's statement on Digital Health; and to address enhanced learning in Personal and Professional Leadership Development.

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Standard 3
The specialist medical training and education framework

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Standard 3
The specialist medical training and education framework

3.1 Curriculum framework

Accreditation standards

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

Training and Education Framework

As one of the 14 Specialist Medical Colleges with current accreditation with the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ), for training for specialist registration, the RACMA is a vocational higher education provider focussed on workplace training for medical practitioners who have been educated in the university sector in Australia and New Zealand. Its education role is a conjoint one with its accredited University Masters' programs, and its training role is conjoint with the hospitals and health services in which there are accredited training posts.

The College has a Medical Management and Leadership Curriculum (Appendix 3.1_1) available on the College website. As a curriculum it identifies graduate outcomes and learning objectives in terms of knowledge; and learning objectives in terms of skills and attitudes. It also identifies formative workplace and summative College assessment activities.

Candidates may enter the Fellowship Training Program (FTP) with a medical degree acceptable to the Medical Board of Australia (MBA) and the MCNZ; a minimum of three years of clinical practice in Australia, New Zealand or a similar setting, demonstration of interest and aptitude for management and leadership in the Health system, and employment in an accredited supervised medical leadership or medical management position.

For implementation for the 2018-entry cohort, the College has shifted its structure from a progression model to an integrated model for learning. The FTP has four teaching, learning and assessment domains which incorporate eight role competencies of the specialist medical administrator as follows:

- 'Health system science' addressing 'the medical expert';
- 'Medical management practice' addressing 'the medical manager' and 'the communicator';
- 'Research training' addressing 'the scholar'; and
- 'Personal and professional leadership development' addressing 'the collaborator', 'the advocate', 'the professional' and 'the leader'.

Each of the role competencies has a set of learning objectives incorporating goals with respect to required knowledge, expected skills and desirable personal attributes of the trained specialist medical administrator in Australia or New Zealand. These are now grouped into domain training goals and domain-based formative and summative assessment activities that are aligned with those goals. Table 3.1_1 provides the Curriculum at-a-glance.

Standard 3
The specialist medical training and education framework

Table 3.1_1 Curriculum design at a glance

Domains and role competencies	**Training goals**	**Topics** Curriculum Steering Committee	**Formative learning** Supervisors and preceptors	**Summative assessment** Training Progress Committee Board of Censors
Health system science Medical expert	Acquisition of specialist knowledge	Systems thinking Corporate planning and governance Clinical governance and patient safety Financial management Human resource management with reference to medical officers Operational systems – public, private, non-government, critical care, acute care, sub-acute care, health promotion and prevention, General Practice, investigations, non-procedural care, procedural medicine, surgery Digital Health Medical education Critical evidence-based decision-making Health services research	Self-directed and University determined University assignments	Attainment of Master's degree
Medical management practice Communicator Medical manager	Practice of workplace skills		Supervisor- and self-directed in workplace Log of learning activities Learning sets (distance tutorials) Observed management tasks Case -based discussions College Trial Oral Examination	Satisfactory In-Training Performance Reports Minimum of three FTE years MMPD Oral Examination
Research training Scholar	Practice of evidence-based decision-making		Supervisor-and self-directed critical evidence-based analysis and management reasoning Supervisor- and self-directed conduct of health service research	Oral presentation of research progress Written presentation of research outcomes
Personal and professional leadership development Advocate Collaborator Professional Leader	Development of personal attributes	Planning Ethical decision-making Teaching Supervising Delegating Negotiating Reflecting	Supervisor- and self-directed guided reflection discussions Log of learning activities	Satisfactory In-Training Performance Reports

The Health System Science (HSS) domain is covered by candidate participation in learning and assessment in an accredited master's degree (while working in an accredited training post). In this activity the candidates are involved in programmatic learning – they are taught by university academics and they experience assessment in the relevant topics on a regular and frequent basis. (Appendices 3.1_4, 3.1_5, 3.1_6, 3.1_7)

The other three domains are covered by RACMA activities. The Medical Management Practice (MMP) domain, the Personal and Professional Leadership Development (PPLD) domain and the Research Training (RT) domain are supported by College-organised enhancement of University learning (workshops and learning sets) and supervisors in RACMA-accredited training posts who formatively assess the Candidates in a schedule of regular and frequent face-to-face discussions in the workplace.

Following Board adoption of the Integrated Model of Learning (Appendix 3.1_2) the Curriculum Steering Committee was re-activated to review the detail contained in the existing Curriculum, particularly as the model of learning has changed and there is now greater emphasis on demonstrating progress in workplace learning via a programmatic assessment approach[6].

This Committee is developing a workplan for possible re-launching of the Curriculum in 2021, as part of the transition business rules for 2018-2020. (Appendix 3.1_3). The next Curriculum will identify the new structure, by Domains of learning and assessment.

The curriculum framework is flexible and able to accommodate the needs of Candidates. Minimum time requirements for satisfactory performance in supervised practice may be amended for individuals, with recognition of prior learning and experience; or extended for others, with approved applications for special conditions. Candidates may apply for exemptions from some tasks in the health system science and research training domains. Specialist International Graduate Medical Administrators may apply for significant exemptions and if granted, they participate in supervised practice and learning with schedules customised to their status.

Assessment activities are aligned as follows:

- In the Health System Science domain, it is required that an accredited Master's program is completed; within the relevant University's time frame or within six calendar years of commencement of Candidacy;
- In the Research Training domain, it is required that a health service evaluation research project is completed; and that a written report is satisfactory within six calendar years of commencement of Candidacy;
- In the Personal and Professional Leadership Development domain, it is required that at least three full time equivalent years of successful participation in identified formative learning activities is demonstrated; within a maximum of eight calendar years from commencement of candidacy;
- In the Medical Management Practice domain, it is required that
    - *competence* in supervised medical management practice is achieved in a minimum of three full-time equivalent supervised practice years and a maximum of eight calendar years from commencement of Candidacy, and
    - *satisfactory performance* in a College Oral Examination is demonstrated within eight calendar years from commencement of Candidacy, save that there is a limit of three attempts at the Oral Examination.

There is an expectation that Candidates must have completed at least 30 months of accredited supervised medical management practice at the time of sitting an Oral Examination for the first time. Subsequent attempts if unsuccessful, require that a Candidate is working in an approved program of supervised medical management practice at the time of sitting an Oral Examination.

6 Van der Vleuten, C., Schuwirth, L., Driessen, E., Govaerts, M., Heeneman, S. (2015): Twelve tips for programmatic assessment. Medical Teacher 37:641-646.

Standard 3
The specialist medical training and education framework

Following Board adoption of the Integrated Model of Learning (Appendix 3.1_2) the Curriculum Steering Committee has been re-activated to review the detail contained in the existing Curriculum, particularly as the model of learning has changed and there is now greater emphasis on demonstrating progress in workplace learning via a programmatic assessment approach. This Committee is developing a workplan for possible re-launching of the Curriculum in 2021, as part of the transition business rules for 2018-2020. (Appendix 3.1_3). The next Curriculum will identify the new structure, by Domains of learning.

The shift of the status of the Oral Examination from a final hurdle to becoming a component of a domain is recent. As this document is being submitted, the 2018-entering cohort of full-time Candidates have been informed that they are entitled to sit the Oral Examination in 2020 as a component of their Medical Management Practice domain activities.

Candidates who began their Training Programs in earlier years will continue to be experiencing the Oral Examination as a Pre-Fellowship event in 2018 and 2019. The difference relates to the structure of the domains and the criteria for eligibility to sit the Oral Examination. As a 'Pre-Fellowship' exit event, presenting to the Oral Examination requires Candidates to have completed a set of oral and written tasks and participated in a Trial Oral Examination; and to have *experienced* a specified number of years of supervised medical management practice.

In the future, the criteria to sit the Oral Examination will be that Candidates will have ***been assessed as satisfactory*** in their ***performance*** in a minimum of two and a half years in supervised medical management practice, based on observation and feedback on a suite of skills; and they will have demonstrated ***readiness*** for the task within the domain's requirements, having participated in a Trial Oral Examination. They will not be required to have completed mandatory tasks from other Domains, to sit the College Oral Examination.

Notably some supervisors believe that Registrars should be expected to commit to three and a half years of supervised practice to be eligible to sit the Oral Examination. At this time there is no evidence to suggest that a longer time in practice is more likely to result in success at the Oral Examination.

Having completed the FTP, Candidates are eligible for membership of the RACMA in the category of Fellow. This is the qualification recognised by the Australian Health Practitioner Regulation Agency (AHPRA) and the MBA for specialist registration in the principal specialty of Medical Administration. Maintenance of membership of the College requires participation in the College's CEP.

The other main group of members of the College are the Associate Fellows of RACMA. These are doctors with an interest in the health system sciences who have completed a prescribed education program. They can use the post-nominals 'AFRACMA', but they are not eligible for specialist registration in medical administration. They maintain their membership status by participating in the College's CEP.

3.2 The content of the curriculum

Accreditation standards

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

Curriculum content

Table 3.1_1 The Curriculum at a Glance (page 2, or page 41) outlines the syllabus topics in the curriculum by role competency and domain. Because this curriculum relates in detail to health services management and evaluation it covers the accreditation standards outlined in this section.

- The Curriculum content is aligned with the domain learning objectives. In HSS, MMP and Research Training the topics are systems thinking, corporate planning and governance, clinical governance and patient safety, financial management, human resource management, operational systems, digital health, medical education, critical decision-making and health services research. In the PPLD Domain they are planning, ethical decision-making, teaching, supervising, delegating, negotiating and reflecting.
- The Curriculum identifies that the aims of the Research Training Domain (Appendix 3.2_1) are:
  - To develop medical leaders and managers with competence in health services research i.e. knowledge and skills in the conduct of research;
  - To develop medical leaders and managers with knowledge and skills in governance of health services and scientific research in the hospital setting; and
  - To strengthen knowledge and skills in evaluation of health services research, including translation and use of evidence base for decision making.

Standard 3
The specialist medical training and education framework

- The learning objectives of the RTD are that Candidates will:
  - Identify a health services research question relevant to the practice of medical administration;
  - Undertake a collation of relevant and current information about that issue;
  - Choose an appropriate method for deriving new knowledge from study of the question;
  - Analyse, interpret and discuss the outcomes of the research;
  - Draw conclusions and make recommendations relating to the outcomes identified;
  - Make a formal oral presentation of research progress; and
  - Write a 'publication-ready' report/paper on the chosen research activity.
- Patient safety is a priority in Medical Management Practice domain learning objective topics (as above) and in the assessment pre-amble for the Oral Examination, where 'patient and worker safety' is identified as an item for discussion under demonstration of appropriate professional attitudes.
- Oversight of accountability of all practitioners' clinical decision-making is a core function of 'clinical governance' in the Medical Management Practice domain.
- One of the four domains of the Curriculum is that of Personal and Professional Leadership Development.
- One of the four domains of the curriculum is that of Health Systems Science.
- The role of supervisor/teacher is a topic in the Personal and Professional Leadership Development domain.
- As above, the Research Training Domain requires formal learning in health service research methodologies and issues related to human research ethics committee functions, the conduct of a health services research project, an oral presentation of research progress and the preparation of a publication-ready written paper.
- Awareness of the health of indigenous peoples is addressed in the Advocacy role competency in the Personal and Professional Leadership Development Domain. Candidates are expected to participate in a set of webinars and complete special e-modules developed by RACMA. An essay assignment is submitted and it is assessed at the College level. (Appendix 2.1_2)
- Cultural competence is similarly the subject of an e-module completed by all candidates. (Appendix 2.1_3)
- Tables are available on the RACMA website listing study themes for required knowledge (Appendix 3.2_2), and workplace activities for skill observation and feedback (Appendix 3.2_3).

3.3 Continuum of training, education and practice

Accreditation standards

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

Continuum of training, education and practice

Table 3.1_1 The Curriculum at a Glance (page 2, or page 41) outlines outlines the domain-based topics and study themes; the activities that must be performed and observed by supervisors, in the authenticity of the workplace; and the summative activities that must be completed satisfactorily for attainment of the Fellowship qualification and subsequent membership of the College.

Membership is retained by participation in the prescribed CEP specified by the CEPC. The CEP invites participants to indicate their awareness of the Curriculum's domains of learning by nominating in their reporting, the domain in which they believe they are learning, as Fellows and Associate Fellows.

Recognition of prior learning by domains

The College has a Policy for Advanced Standing (Appendix 3.3_1) and processes for assessing potential Candidates' requests for Recognition of Prior Learning and Experience (RPLE) (Appendix 3.3_2).

If a potential Candidate wishes to be considered for exemption from time in supervised MMP then s/he is invited to apply for an interview which will assess her/his background for recognition in all the Domains. If s/he wishes to apply only for credit in the RT Domain and/or the HSS Domain, then that application does not require an interview.

Applications for RPLE open in July each year, for potential Candidates entering the FTP in the following February. Most applicants likely to be applying at that time are the people who are applying for Candidacy from working in a substantive post. Most of the interviews then take place in August and September. Occasionally an application for RPLE will come in after September from a Candidate who has been offered a Medical Administration Registrar position, and those interviews are conducted in October.

The application form seeks demographic, registration and employment information and then identifies the characteristics, by domain, for which evidence must be attached.

Requests for credit for Master's study and credit in the research training domain are reviewed on paper by the Dean of Education or the Lead Fellow for Research Training and issues that require more information are identified, for further questioning at an Interview for the Assessment of time in supervised medical management practice, if it known that the person is to be interviewed. If an applicant is seeking exemptions for Master's study or Research tasks, alone, then the Dean of Education discusses the application over the telephone, if further information is required.

College Office staff compile the information from applicants and send it to the Censors who have been tentatively booked for interviewing and they identify the need for more information. An appointment for an interview is set up in an appropriate Capital City. Two Censors are booked for the interviews. The interview panel confirms the information in the application and then questions the potential Candidate about the application in detail. The Candidate is invited to take 20 minutes to consider a scenario and then is given 20 minutes to present her/his commentary and discuss the case.

The options for RPLE are twelve months, eighteen months or two years in the MMP Domain.

In the HSS domain, credit may be granted for study which may have been completed prior to entering training.

Standard 3
The specialist medical training and education framework

In the RT Domain exemptions may be granted for prior research methods or critical evidence-based decision-making study at Master's level, for pursuit of an ethics application for health services research and for the conduct of a health services research project. Applicants are given commentary on the evidence of prior research that they have submitted for consideration, and a particular topic or a particular publication is identified as suitable for the summative oral presentation of research progress and the written paper that will be submitted.

The potential Candidates are notified of the recommended credit that will be applied and this is recorded in their e-folios.

Accelerated Pathways

The RACMA has two 'accelerated pathways' to eligibility to sit the Oral Examination – the Clinical Specialist Pathway and the Medical Executive Pathway. Both these 'pathways' offer significant recognition of prior learning in the amount of time in supervised practice for which Candidates are given credit *and* their pathways do not require participation in the RT domain or in several written assignments prior to presentation for the Oral Examination.

As the new structure for the FTP is implemented and the 'exit' nature of the Oral Examination is deleted, information concerning participants in these pathways will be collated and considered by the ETC for renewal of policies concerning them.

3.4 Structure of the curriculum

Accreditation standards

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Flexibility

As is obvious from consideration of Table 3.1_1 Curriculum Design at a Glance (page 2, or page 41), there is considerable flexibility in the capacity for Candidates to pursue part-time Candidacy and shortened supervised medical management practice time if prior learning and experience is recognised.

The curriculum framework is flexible and able to accommodate the needs of Candidates. Minimum time requirements for satisfactory performance in supervised practice may be amended for individuals, with recognition of prior learning and experience; or extended for others, with approved applications for special conditions. Candidates may apply for exemptions from some tasks in the health system science and research training domains. Specialist International Graduate Medical Administrators (SIMGs) may apply for significant exemptions and if granted, they participate in supervised practice and learning with schedules customised to their status.

Exposure to topics

Candidates may train in a variety of settings relevant to medical management practice across their time in Candidacy. The accreditation process ensures that they are given enough exposure to competency development and support from supervisors and preceptors to be able to adequately learn the principles of medical management and leadership. Candidates are encouraged to engage in observation terms if they and their preceptors feel that greater learning would be facilitated from exposure to special areas. (Appendix 3.4_1)

Minimum and maximum years of training by Domain

As has been identified in Standard 3.1 there are minimum and maximum years required for completion of each Domain. Once the minimum period of Candidacy has been reached there is no requirement for continuing practice, except in the MMP Domain. If a person has been unsuccessful in the Oral Examination and the Candidate changes her/his employment, and wishes to sit for it again, s/he must apply for approval of a training plan that involves continuing medical management practice.

Summary of plans for specialist medical training and education

The RACMA is committed to retaining its status as a higher education provider in vocational training, and its status as the accredited body offering Candidates a pathway to Specialist Medical Registration.

As has been its pattern in the past, the ETC will continue to review its Curriculum and its implementation processes to ensure that they remain contemporary with modern higher education principles and appropriate to the College's Candidates' learning needs.

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Standard 4
Teaching and learning

ROYAL AU

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Standard 4
Teaching and learning

4.1 Teaching and learning approach

Accreditation standards

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

Teaching and Learning approach

The College's Fellowship Training Program (FTP) has had an outcomes-based approach to learning since the first accreditation survey in 2008[7]. The Curriculum (Appendix 3.1_1) adopted eight role competencies (graduate outcomes) and developed several key goals (program outcomes) and learning objectives (learning outcomes) for each of them. It identified that most of the learning objectives would be covered by participation in accredited Master's degree studies and that the key assessment activity that covered all the learning objectives was the exit 'Pre-Fellowship Oral Examination'.

College-run webinars, learning sets (distance tutorials) and workshops were introduced, targeting learning objectives and topics identified by successive Candidate and Supervisor surveys, and a comprehensive schedule of activities has been built for Candidates, and published on the RACMA website. These learning activities were identified by learning program and by year of training e.g. 'Second-year workshop in Communication'. In addition, Candidates were encouraged to participate in College Professional Development Forums and the Annual Scientific Meeting (at reduced registration rates).

Over successive years of review of recommendations from the AMC, a small list of written assignments and oral presentations that targeted learning objectives in professionalism and leadership competencies (such as preparation of a Letter to the Editor and presentation of a Reflective Case-Study) were introduced as 'formative' tasks. While feedback was provided, these assignments were assessed by College Censors for the level to which they reached a satisfactory standard. They were therefore summative activities because it was required that they be 'passed' for eligibility to present to the Oral Examination.

In the workplace, supervisors were observing their Candidates and providing feedback and advice in an 'apprenticeship' mode on a daily basis. For Candidates preparing for the Oral Examination, there was (and still is) usually a lot of investment by interested Fellows and Supervisors in examination coaching. These sessions were aggregated in the six-monthly ITARs, which were viewed by the Progression Panel.

Prompted by critique of the centralised summative nature of the so-called formative assignments and the 'exit' nature of the College Oral Examination, and suggestions that improvements could be made to the lead-up to the Oral Examination by the introduction of more consistency in the quality of learning measurement moments in the workplace, the ETC agreed to investigate the issues surrounding the concept of programmatic learning and assessment, in 2014.

Across 2015-2016, the ETC undertook consultation workshops and surveys, and in 2017 the Board endorsed a plan for re-structuring the FTP from its progression approach to an integrated one. It retained the concept of outcomes-based learning and shifted from demonstration of success in each year of training to one of demonstration of learning in each of four Domains. For eligibility for Candidacy, each domain must be passed. (Appendix 3.1_2) Formative assessments are made by workplace supervisors. Summative assessments are made by the Training Progress Committee and the Board of Censors.

7 Biggs, J. and Tang, C. (2007): Teaching for quality learning at University. What the student does. McGraw-Hill. Berkshire, England Third Ed

Standard 4
Teaching and learning

In 2018, the Board adopted a workplan for implementation of the new structure, which stressed that the changes would be transitioned ensuring no detriment to any existing Candidates. (Appendix 3.1_3). The Oral Examination has been retained as a component of the MMPD. The assignment and other domain eligibility criteria will not be reduced until 2020.

At the 'macro' level the FTP's Integrated Model has an overall aim of equipping medical practitioners to have the requisite knowledge, skills and attributes or attitudes to able to practise independently as specialists in medical administration. The approach to teaching and learning is a constructivist, experiential, programmatic one requiring regular and frequent formative moments followed by reflection and learning action. The program has four domains of learning, formative assessment and summative examination, all of which are expected to be fulfilled while working in medical management practice:

- Health Systems Science;
- Research Training;
- Medical Management Practice; and
- Personal and Professional Leadership Development.

For the HSS domain, the Candidate is involved in education in several university courses, be they on-campus, or by distance e-learning, across three-four full-time-equivalent years. Each of those courses has academic-supervisor-suggested measurement moments in terms of assignments or regularly monitored reflective 'bloggings' about the course that build to an overall mastering of the subjects, and completion of the Master's degree.

For MMMP, RT and PPLD, the domains are conducted while working in accredited positions with Fellows or experienced health system managers supervising Candidate training. At the 'meso' level, each of these domains has a set of learning objectives and a set of assessment methods that are aligned appropriately with those learning objectives. There are College-organised formative workshops and webinars, which involve an element of sharing of knowledge by Candidates across jurisdictions and these are followed-up with case discussions or reflective assignments, to cement the knowledge that has been conveyed. Schedules for learning sets (distance group tutorials) are available in 'Candidates' Corner' on the College website.

In keeping with the focus on the opportunity to learn from observation and feedback from supervisors in the workplace, every Candidate has a Supervisor (Appendix 4.1_1) and a Preceptor (Appendix 4.1_2) or Executive Coach (Appendix 4.1_3) if in a Medical Executive pathway. Every Supervisor has between one and three Candidates on site. Every Preceptor has between one and three Candidates who may be spread across jurisdictions. Role descriptions and responsibilities are described in the Supervisor Manual (Appendix 4.1_4). In 2018, at the 'micro' level, supervisors are piloting rubrics for workplace assessments in order to improve the consistency of the learning experience across sites.

Table 4.1_1 outlines a schedule for learning and assessment by year of supervised practice, identified by university responsibility, workplace activity or centralised College activity.

Table 4.1_1 Learning and Assessment responsibilities at-a-glance

Domains	Health system science Learning	Health system science assessment	Medical Management Practice Learning	MMP workplace summative assessment	MMP College assessments and examinations	Personal and Professional Leadership Development	PPLD workplace summative assessment	Research training learning	Research training College assessments and examinations
Pre-requisite criteria for entry to the FTP	Meet criteria for accredited University program	Recognition of Prior Learning		3 years medical practice, registration, RPLE			Interviews and references for aptitude and RPLE		Exemptions for prior learning and experience
1st year of supervised practice	Master's study Jurisdictional tut5orials	Master's assignments (external)	Annual training plan Participation Workshop 1 Learning sets Workplace observation and feedback Training log in ITP Report	MMP ITP Reports satisfactory	Participation jurisdictional practice examinations	Learning sets Interact webinars and E-modules Indigenous health module PPLD discussions	PPLD Report satisfactory	Health Services Research webinars Health Service Research assignment	
2nd year of supervised practice	Master's study Jurisdictional tutorials	Master's assignments (external)	Annual training plan Learning sets Ministerial briefing Workplace observation and feedback Training log in ITP report	MMP ITP Reports satisfactory	College Trial Examination	Learning sets Interact and E-modules Participation Workshop 2 PPLD discussions Reflective writing	PPLD Report satisfactory	Proposal endorsement Research conduct under supervision	Oral presentation of research progress
3rd year of supervised practice and thereafter	Master's study Jurisdictional tutorials	Master's assignments (external)	Annual training plan Participation Workshop 3 Workplace observation and feedback Oral Exam learning sets Training log in ITP Report	MMP ITP forms satisfactory	College Oral Examination	Learning sets Interact and E-modules PPLD discussions	PPLD Report satisfactory	Research completion Report writing	Written research paper
Eligibility for Fellowship		Completion of Master's degree		Minimum 3 years MMP ITP forms satisfactory	College Oral Examination success		Minimum 3 years PPLD ITP forms satisfactory		Research based written paper satisfactory

Standard 4
Teaching and learning

4.2 Teaching and learning methods

Accreditation standards

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

Teaching and learning methods

Annual Training Plans

Each year in February, the Candidate and her/his Preceptor develop a training plan. (Appendix 4.2_1). This plan is used as the basis for mentoring discussions and is also reviewed at each six-monthly meeting with a Candidate's Supervisor for its relationship to actual training events. In this way its acts as both a monitoring and an evaluation tool.

Master's study

RACMA Candidates are expected to be self-directed in their learning and, while concurrently employed in an accredited training post, are required to complete a recognised Master's level degree (Appendix 3.1_4) that contains core topics of Australian and New Zealand Health Systems, Health Law and Ethics, Health Economics, Financial Management in Health, Epidemiology and Statistics, Research methods and recently, Leadership. (Appendix 3.1_6) As contemporary health management practice shifts, some topics, such as systems thinking and clinical informatics are assuming greater importance. (Appendix 3.1_1)

In 2018 and 2019, the CSC (of the ETC) is reviewing this list and identifying the requirements for core topics.

By recognising and monitoring the University degrees, the College has ensured that in-depth knowledge of relevant topics related to its learning objectives is acquired, that regular and appropriate written (and sometimes oral) testing of that knowledge has occurred and that Higher Education practitioners have assessed the Candidates.

Candidates enrol in the most appropriate degree for them, choosing from amongst the recognised degrees posted on the College website. The most commonly chosen are the UNSW Master of Health Management and the Monash University degrees in Health Administration and in Health Service Management.

College-co-ordinated education

As an enhancement to learning in the Master's study, the College organises web-based 'learning set' sessions on identified topics which are led by Fellows. Following these sessions, small teleconference groups meet for follow-up case discussions relevant to those topics, with other Fellows. For each 'year-group' there are annual two-three-day workshops organised by the College Office. The Jurisdictional Committees also organise tutorials, workshops and Examination practice sessions at a frequency agreed by the Candidates with the JCTs. If recordings are made of these sessions they are made available to all Candidates by being uploaded to Candidates' Corner on the College website.

Most Candidates begin working through their preparation for the College Oral Examination with their colleagues about six months before the Trial Oral Examination and many are involved with teleconference-based practice with Fellows on a weekly basis in the few months leading to the College Oral Examination.

Workplace

Every Candidate is involved in full-time or part-time (minimum 0.4FTE) supervised medical management practice. Depending on the Candidate's stage of learning and status in the health setting in which s/he is training there may be more/less day-to-day observation by a Supervisor.

If the Candidate is a medical administration registrar, the training Supervisor is a Fellow. If the Candidate is in a substantive position (e.g. Director Clinical Governance, Director Medical Services, director of a clinical department) then the day-to-day Supervisor may/not be a Fellow. Notwithstanding every health manager's responsibility to ensure that s/he is leading learning in her/his department, it is not expected that non-Fellows will be RACMA Training Supervisors. If the day-to-day Supervisor is not a Fellow, then arrangements will be made for a local Fellow to be in additional 'quarantined' contact for training supervision purposes.

Candidates have job descriptions which identify tasks in the setting that require skill in investigating, reporting, engaging people, planning, implementing, collaborating etc in leading and managing processes in the health system. It is expected that Candidates will experience periods of shadowing senior Fellows and periods after which they will be trusted to conduct activities independently. The key to their learning progress is the regularity of face-to-face guided reflective discussions that should be developed in their relationships. (Appendix 4.2_2)

The In-Training Assessment (ITA) Report format has been changed. In 2018 the form is called the In-Training Performance Report (ITPR) (Appendix 4.2_3). It includes more explicit logging of activities by domain, to identify topics for self-directed reflection and for Candidate discussions with their Supervisors at scheduled times. There continues to be a rubric asking for identification of assessment against each key goal in the Curriculum, now grouped by domains.

The earlier ITAR had options for assessment as 'novice', 'apprentice' and 'competent'. The form now has four options: 'novice', 'intermediate', 'competent' and 'proficient'. There is an expectation that a Candidate will be assessed as at least 'competent' in most of the learning objectives of the Curriculum, by the time of completion of training. The ITPR is reviewed for each six-month period, by the TPC which monitors and evaluates the contents.

It has been noted that the work of learning about medical administration is a complex new activity for registrars; and this activity, coupled with part-time Master's study, health service research and preparation for the College teaching program of learning sets and webinars, is time-consuming. In order to achieve a reasonable 'work-life balance', most registrars anticipate taking four years to complete the program. Many people who are specialist clinicians (e.g. heads of clinical departments) are undertaking their training in medical administration part-time and most take more than three years to present to the Oral Examination.

Many experienced clinician leaders and medical managers are able to take shorter times to complete the learning program because of the amount of recognition of prior learning that they have been granted. In fact, many senior clinicians undertaking training, in the Medical Executive pathway or the Clinical Specialist pathway, may be eligible for Fellowship within one-two years of beginning Candidacy.

As is identified in Table 3.1_1 Curriculum at a Glance, (page 2, or page 41) the RACMA training program is a flexible blended one – Candidates are expected to self-direct their learning opportunities in terms of their Master's study, to participate in College-organised learning sets and workshops, and to seek observation and feedback from workplace supervisors at their own pace.

For Candidates in full-time registrar posts (with no recognition of prior learning or experience) the calendar of learning and assessment 'events' is outlined in Table 4.2_1. A full-time Registrar might spread the identified activities of Years 2 and 3 of MMP across a fourth year, or a fourth half-year.

Standard 4
Teaching and learning

Table 4.2_1 Event calendars for standard pathway Candidates

Academic years	Feb/Mar	April/May	June/July	Aug/Sep	Oct	Nov/ Dec
Pre-entry			Applications open for substantive posts RPLE interviews	Registrar interviews RPLE interviews	RPLE registrars	
Year 1 MMP	Workshop 1	Learning sets	ITP reports	Research training intro webinar Learning sets		ITP reports due
Year 2 MMP	Research training proposals due	Learning sets	Workshop 2 ITP Reports	Learning sets	Research training orals College Trial Examination	ITP reports due
Year 3 MMP	Workshop 3	Learning sets	ITP Reports	MMP Oral Exam	Research papers due	ITPs due

Summary of plans for Teaching and Learning

The activities for teaching and learning that are organised at the College level are well developed as domain-based events. Over the next two years the College will be working on a set of e-modules specifically designed for the Personal and Professional Leadership Domain.

The College plans to increase the rigour of workplace observation and feedback as formative learning, by increasing supervisor education and feedback. Monthly 'supervisor' webinars will be enhanced by annual 'faculty' workshops. (Appendix 4.2_4).

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Standard 5
Assessment of learning

ROYAL AU

ROYAL AU

Standard 5
Assessment of learning

5.1 Assessment approach

Accreditation standards

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

Approach to assessment of learning

The Assessment Framework of earlier years has been shifting to the development of an Assessment Policy that clarifies RACMA's programmatic approach to assessment. The shift entails a structural re-alignment of the role competencies into four domains and the commitment to formative and assessment tasks that are fit-for-purpose for the goals of the domains, rather than a list of core tasks that must be completed progressively each year for eligibility to sit the Oral Examination. The Assessment Policy strengthens the role of the Training Progress Committee in assessment of completion of supervised medical management practice. The Assessment Policy is under review by the Board of Censors and the Training Progress Committee and is expected to be adopted by the Board in July 2018.

Assessment strategy awareness

The Assessment Framework is available in relevant handbooks which also contain details of Candidate calendars and assessment processes. The rubrics for formative and summative marking are available on the College website. Ad hoc bulletins to Candidates and Supervisors may refer to updates to assessment processes.

Special consideration in assessment

The College's policies on special consideration in assessment are available on the College website. (Appendices 5.1_1, 5.1_2). The policies acknowledge that there may be circumstances in which Candidates require special consideration in the lead-up and conduct of oral examinations which are held only annually. They outline the acceptable circumstances for application for consideration, and the evidentiary requirements. They outline the options for management of misadventure as a result of accepted considerations such as re-presentation of an oral presentation of research progress within a few months and offering an additional scenario at an Oral Examination. They also outline the processes of appeal that are available to candidates.

Standard 5
Assessment of learning

5.2 Assessment methods

Accreditation standards

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

Assessment methods for each domain

Under the progression model, several assignments were developed for individual learning objectives for each 'year' of training and they were expected to be completed before 'progression' to the next year. The goal of the Oral Examination was the demonstration of learning in *all* curriculum learning objectives as a pre-requisite for Fellowship.

In the integrated model, following best-practice programmatic assessment principles, i.e. constructive alignment of assessment tasks with relevant learning objectives, the assessment blueprint for each domain has been developed as outlined in Table 5.2_1.

Table 5.2_1 Domain assessment alignment

	Formative activities		Summative activities			
Domains	**Masters study RACMA workshops Logbook entries**	**Workplace observation and feedback**	**In-training performance reports**	**Oral Examination**	**Oral and written research tasks**	**Masters study coverage**
Health system science (HSS) *Specialist knowledge acquisition*	✓	✓	✓	✓		✓
Research training in health service research (RT) *Skill development in evidence-based practice*	✓				✓	✓
Personal and professional leadership development (PPLD) *Mastery of reflective practice*	✓	✓	✓			✓
Medical management practice (MMP) *Skill development*	✓	✓	✓	✓		✓

- In the Health System Science domain, the learning goal is that specialist knowledge is acquired. This is evidenced by satisfactory completion of a group of core and optional University subjects with their own sets of academic-assessed assignments and examinations leading to **completion of an accredited Master's program**;
- In the Research Training domain, the learning goal is skill development in evidence-based practice. It is required that a health service evaluation research project is completed with regular assistance from an appropriately experienced research supervisor, and that **oral and written reports are satisfactory**;
- In the Personal and Professional Leadership Development domain, the overall goal is mastery of reflective practice. It is required that successful **participation in a minimum of identified formative activities is demonstrated**; and
- In the Medical Management Practice domain, the learning goal is skill development. It is required that
    - *performance in* (beyond 'experience of') a suite of formatively-assessed exercises in the workplace is **reported on a six-month semester basis**; and
    - satisfactory performance in a **College-organised Oral Examination is demonstrated**.

There is an expectation that Candidates must have completed at least 30 months of accredited supervised medical management practice at the time of sitting an Oral Examination for the first time. Subsequent attempts if unsuccessful, require that a Candidate is working in an approved program of supervised medical management practice at the time of sitting an Oral Examination.

Research Training

The Scholar role competency statement in the College Curriculum is that 'medical administrators demonstrate a lifelong commitment to learning as well as the development and communication of new knowledge through research and investigation in the field of medical management, and by reflective practice.' Two key learning areas in this graduate outcome are 'evidence-based decision-making' and 'application of new knowledge'. Following the deliberations of a working party of RACMA members and other interested parties in 2010 and 2011, the College established a research training program (now called the Research Training Domain). (Appendix 3.2_1)

The aims of the program are:

- To develop medical leaders and managers with competence in health services research i.e. knowledge and skills in the conduct of research;
- To develop medical leaders and managers with knowledge and skills in governance of health services and scientific research in the hospital setting; and
- To strengthen knowledge and skills in evaluation of health services research, including translation and use of evidence base for decision making.

The components of the Domain are:

- Completion of a Master's level course in evidence-based decision-making, epidemiology and statistics or research methods;
- Participation in an introductory Webinar to conceptualise health services research and development of a research question;
- Development of a health services research project proposal;
- Endorsement by a local Human Research Ethics Committee;
- Conduct of the research project;
- An oral presentation of research progress; and
- A written report/publication with subsequent reflection.

Standard 5
Assessment of learning

The first five components of this program are considered formative activities, including the regular discussions with a research supervisor (who may/not be a Fellow) and the last two components are summative. Rubrics have been developed for the marking of the oral presentation of progress and the written report. These rubrics have been through iterative versions as advice has been received by marking Censors.

The introductory webinar is now conducted in the second half of the first year of supervised practice and the research proposal is due at the beginning of the second year. There is an expectation that the research will be conducted during second and third year. There is a summative 'measurement moment' at the end of second year in the form of the Oral Presentation of research progress and a Written Report of the completed research is required at the end of the Candidacy.

The first participants in this schedule of activities were Candidates starting in 2012. The Research Training Committee (RTC) has surveyed current candidates Censors, and Fellows who have graduated since 2015 for their evaluations of the research training domain activities, as a component of its internal review of the program. It is aiming to present its findings and recommendations to the ETC in late 2018.

Personal and professional leadership development

Because the professional development teaching and learning provided in the FTP has an underlying constructivist approach, the BOC agreed in 2012, that the College-organised Leadership activities in the training calendar (learning sets participation, e-modules and particularly reflective writing) could be formatively addressed with descriptive rubrics; they would not be summatively assessed. This process has been incorporated into the In-Training Performance Report (ITPR). The formative marking, if needed by the Candidate, will utilize a rubric for guided reflection discussions. (Appendix 5.2_1)

The summative activity will be that the date and topic for the discussion has been logged in the first part of the Report. The second part of the report calls for an assessment of the Candidate's stage of learning: 'novice', 'intermediate', 'competent' and 'proficient' against each of the learning objectives in the four role competencies of 'advocate', 'collaborator', 'professional' and 'leader'. (Appendix 4.2_3)

Medical management practice

In-Training Performance Reports

The goal of workplace learning is skill development. It has been determined that one of the fit-for-purpose methods for assessing skill development will be workplace observation and formative feedback. Workplace assessment is conducted regularly and frequently. Rubrics for feedback have been recently developed for piloting in 2018.

For the MMPD, there is now a rubric for assessing directly or indirectly observed management tasks and a rubric for case-study discussions. This rubric is the same as the rubric used for marking at the Oral Examination (Appendices 5.2_2, 5.2_3, 5.2_4).

At this time, it is not intended that it be mandatory that the marks obtained are recorded. The use of the rubric is considered to be dependent on the level of experience of the Candidate. It is mandatory that the date of the assessment session is recorded in the log in the ITPR, as evidence of assessment for discussion at the six-monthly ITP session. As with the PPLD domain, the second part of the ITP report calls for an assessment of the Candidate's stage of learning in Medical Management Practice key goals i.e. in the learning objectives in the two role competencies of 'medical manager' and 'communicator'.

The completion and submission of the ITP every six months (whether full-time or part-time) is considered a summative assessment activity. The TPC, made up of the JCTs, receives and considers these ITP reports.

Although the ITP Report form asks the Supervisor/s for an opinion on the how well the Candidate has met the expectations of the training period overall, in the MMP and PPLD domains, it is the TPC which nominates that the period is satisfactory or that more information is required, in the Candidate's training folio. In this way the JCTs function as summative assessors, for the high stakes decision on the nature of the performance in the training period.

The Oral Examination

The second summative activity in the MMPD is the Oral Examination. The Oral Examination is the opportunity for Candidates to be assessed on their knowledge, skills and approaches to medical management practice, using case study material as the basis of discussion between Candidates and Censors.

The Oral Examination event is held at least annually (in some years the numbers of Candidates presenting has warranted two events). It is held over two-three days at the AMC National Test Centre in Melbourne. Up to 20 Candidates may be examined each day, and Candidates individually present only on one day.

The Oral Examination is an open-book oral examination of four medical management scenarios. The Candidates are allocated their own preparation rooms. At the scheduled time they receive their envelopes with their scheduled scenarios – one, or two scenarios. The Candidates have 20 minutes to read their scenarios (and choose the one they wish to prepare if the envelope has two in it) and prepare their responses to the questions set, concerning the scenario. At the appointed time they leave their preparation rooms and meet with two Censors. The Candidates present their responses for approximately 10 minutes and then the Censors interview them, discussing the points they have raised in the presentations, for 10 minutes. At the end of the 20 minutes the discussion stops and the Candidates have a 20-minute break. They are then scheduled to receive their next scenario in their preparation rooms.

The Censors mark, in pairs, the same scenarios throughout the day. Care is taken to ensure no conflicts of interest arise and sometimes there may be roving Censors stepping in for specific Candidates because a particular Censor needs to step out. Care is also taken to ensure that no Candidate is examined by a Censor more than once on the day.

The Censors mark the Candidates using a rubric which has three dimensions: knowledge, skills and approach/attitudes. (Appendix 5.2_4) Each dimension is given a mark out of '5' and marks are summed to give a total out of '15'. Each pair discusses the presentation and the Censors indicate their final marks on the marking sheet. The marks are combined to give a total out of '30'.

The Candidate has achieved a 'Pass' in the Oral Examination if s/he has scored a 'Pass' (18+/30) in each of the four stations.

The Candidate has been 'Unsuccessful' if the combined Censors' score is below '15/30' in two or more scenarios.

A Candidate who has been considered 'marginal' may be offered a fifth station (supplementary examination) on the day, in the event of borderline scores at Total level (at or above 68/120) and/or station level (between 15 and 18/30). A Candidate who achieves a Passing Score in this fifth station (18/30) will then be considered to have passed the Oral Examination.

Standard setting in the Oral Examination

Scenarios for the Oral Examination are set across a six-month preparation time by an Examination Questions panel of Censors. Scenarios are developed and the general rubric for marking is customised to the descriptors of the marks. The scenarios and rubrics are circulated to panel members (particularly to a New Zealand Censor) and the group of questions is then reviewed by the Lead Fellow for Examination Questions and other interested Censors, the Censor-in-Chief and the Dean of Education for planning of the consistency of each day's scenarios.

In the week leading up to the Oral Examination, Censors are sent copies of the scenarios and the rubrics that it is expected that they will be examining. On the night before Day 1 of the Examination, Censors meet to calibrate with their colleagues, the scenarios they been assigned. Last minute adjustments may/not be needed to the rubrics.

Standard 5
Assessment of learning

The Trial Oral Examination

The College runs a mandatory Trial Oral Examination at the AMC National Test Centre in Melbourne. It is expected that a previously unsuccessful Oral Examination Candidate will present for the Trial Examination again if more than two years have elapsed since the previous Trial Examination. It is conducted with Censors. It follows the format of the College Oral Examination with the addition of feedback to Candidates immediately on completion of their interviews. They are given their Censor marking sheets and written comments for their own perusal. Marks are recorded for Censor training purposes at subsequent BOC meetings.

Jurisdictional Practice Examinations

The NSW, Victorian and Queensland Jurisdictional Committees run practice Oral Examinations (to which Candidates in other jurisdictions are invited) in their capital cities, utilising interested Fellows (supervisors and censors). The scenario presentations are conducted according to the Oral Examination schedule.

Standardisation of assessment

The BOC has at least one face-to-face workshop at which videos from the College Trial Examination are used to workshop Censors' marking and address changes that may need to be made to the marking guides and the setting of the scenarios.

Quality of the Oral Examination

In 2014, Professor Lambert Schuwirth was invited to attend the Oral Examination and advise the College on the extent of reliability and validity of the standard setting processes. (Appendix 5.2_5). Professor Shuwirth's comments were that

> *'The RACMA Pre-Fellowship examination is credible and there is every reason to assume that it is both reliable and valid for its purpose. This credibility has been judged using viewpoints derived from qualitative research methodology because standard psychometric analyses cannot provide sufficiently stable estimates. Further improvements can be made to the quality of RACMA Oral examination and they are easily implemented.'*

He further suggested that the College revisit the training program as a whole to optimise the combination of its assessments and specifically that measurement moments in workplace observation and feedback be addressed consistently. This was the activity that prompted discussion and commitment to the College's Programmatic Learning and Assessment Project across 2015 and 2016. (Appendix 3.1_2)

5.3 Performance feedback

Accreditation standards

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

Performance feedback

The Fellowship Training Program (FTP) operates as a system; and feedback is built in to all levels of its connections – Candidate and Supervisor, Candidate and College, Supervisor and College, Candidate and Workplace, College and Workplace; and all levels of its governance – in terms of responsibilities within and external to the College, for education, learning, certification and regulation.

Workplace observation and feedback

The FTP is based on the premise of workplace learning. This occurs across the required minimum period of three years of Candidate participation in supervised medical management practice; either as a Registrar in Medical Administration, or as a medical officer in a substantive medical management position (such as Director Medical Services, Head of a Clinical Department, Director of Clinical Governance, Chief Executive of a health service).

Built in to this learning opportunity is the concept of multiple sessions of observation by a supervisor (Fellow of RACMA or otherwise) followed by feedback and guided reflection. The dates and topics of these sessions are logged in the In-Training Performance Report. From 2019 there will be an expectation of recording of a minimum number of these sessions. The guideline for the conduct of these sessions will standardise the list of learning opportunities and standardise the rubrics that will be used in the sessions.

In-Training Performance Report

Throughout 2018, the College is transitioning its email and filing folio platform to an e-Learning Management System. This is involving working groups and user group sessions and it is expected that the new system for recording that observation and feedback has taken place will be operational for the 2019 medical academic year.

Training Progress Committee

The College has a Training Progress Committee (TPC) (Appendix 1.1_27). Its role is to assess the 6-monthly In-Training Performance Reports (ITPRs) for all Candidates. These forms relate to Candidate performance in the MMP activities of the training post or site and the PPLD that has occurred during the training period.

This College-level Committee is chaired by an experienced Fellow who is also a Censor. The Committee is made up of the eight JCTs and the Chairman of the Accreditation Review Committee (ARC). These ITPR-review meetings are held bi-annually (in July and February; and in between, the follow-up outcomes and other relevant issues are discussed, in October and in April. These meetings are scheduled to occur at the end of six-month periods of training, and in time for decisions to be made on Candidate eligibility to sit the Oral Examination.

When the Training Progress Committee deems the Candidate's performance to be satisfactory, this is recorded in the Candidate's training file (to become based in the Learning Management System). If further information is required, this

is identified and follow-up is instigated. A final decision on 'satisfactory' or 'unsatisfactory' performance in an identified term awaits the outcome of the investigation and actions arising from it.

If it is agreed that a Candidate has not participated adequately in a term, then this is declared in the Candidate's file. A minimum of three years of satisfactory performance in the workplace is required for success in the MMPD, and for the PPLDD.

Candidates and their supervisors are informed of the outcomes of TPC reviews (satisfactory or need more information), and feedback is offered if needed. The feedback may be offered by the Chair of the TPC, the relevant JCT or the Dean of Education depending on the circumstances. Candidates may seek reconsideration of an adverse decision, under the relevant policy. (Appendices 1.3_1, 1.3_2)

Trainees in difficulty

The College has a regulation for dealing with 'trainees in difficulty'. (Appendix 5.3_1) This regulation may need to be invoked for a Candidate who may be determined to be 'at risk' following a TPC meeting. Typically, Candidates may be underperforming because of personal difficulties, difficulties with supervision or supervisors; or because of workload in a particular post. The process of investigation begins with confidential discussions between the JCT and the relevant Candidate to ascertain the accuracy of documentation and decide on appropriate negotiation and escalation pathways. Some information may be conveyed back to the TPC which may then be able to close off the term as satisfactory, or that even more information is required.

Should more information be required the case may be referred to the CE who will arrange for discussions with the Dean, the CIC, and/or the Chair of TPC, if needed, for resolution. An independent panel may need to be formed.

At all stages of the process the Candidate is made aware of the people 'who need to know' and permission is sought where appropriate. Copies of formal documentation are made for the Candidate and relevant supervisors. The RACMA Policy makes Employee Assistance available to Candidates.

Workplace behaviour

Difficulties may arise in relationships at accredited sites that may impact on Candidate performance. In accordance with the College policy on Discrimination, Harassment, Bullying and Victimisation (Appendix 1.1_23), Candidates will initially bring issues to the attention of the workplace and/or Supervisors, Preceptors or Jurisdictional Co-ordinators of Training initially.

It is expected that Candidates will receive support from their workplace. If that is not provided or not provided appropriately, then the Candidate has the option of consulting the CE or the Dean. Candidates may access the College Office Employee Assistance Program.

Trainee competence

If it is determined that a Candidate is not progressing appropriately towards competence in workplace skills or professional development, discussions may be initiated by the Supervisor and Candidate, with the JCT. If there is a need for special tuition from another Fellow or involvement with another Preceptor, and there are resource implications, the discussion may be escalated to the College Office for identification of a special plan.

If the case is complex, and the College identifies that a Candidate's performance might have an adverse impact on patient care, the worksite is informed. If an issue of incompetence arises in the course of workplace activities, to the point of notifiable conduct, then it is expected that the College will have been informed. Relevant College officers will be identified for continuing discussions concerning suspension of Candidacy for a period of suspension from workplace activity if required. The outcome of AHPRA or NZMC response will determine the Candidate's continuing membership of the College in the category of Candidate.

To date no instances of notifiable conduct have been identified in Candidates with respect to their activities in the Fellowship Training Program.

Training post deficiencies

Should it be identified that a training post is not fulfilling the needs of the Candidate e.g. inadequate exposure to relevant learning opportunities, lack of availability of appropriate supervision or interpersonal difficulties in the workplace; the discussions will again begin with the Candidate and JCT and will involve the site Supervisor and the Preceptor.

On occasion, Candidates in registrar posts have been able to have their difficulties resolved with transfer to another registrar post. For Candidates in substantive posts, some negotiation may be required for the bringing together of education leave for the purpose of exposure to another site or role (usually approximately 12 weeks). (Appendix 3.4_1)

Trainee impairment due to illness

If an issue of trainee impairment arises, to the point that the trainee needs medical care or psychological support in addition to special tutoring, the discussions will begin with the Candidate and Supervisor and/or Preceptor and may be escalated to the Dean. The College has a contract with a confidential external psychological support service which may be accessed by Candidates at no expense if the workplace service is inappropriate for them. If resolution of the impairment requires Candidacy suspension time there are processes for recording this that ensure no financial penalty for the Candidate. (Appendix 5.3_2)

Remediation

'Remediation' is not a term that is used in the context of overall progress in the FTP. However, an individual supervisor may decide during a Candidate's term that a particular task should be repeated and observed again, or that identified learning should take place before submitting a particular assignment for assessment.

In the business rules for College-assessed assignments such as the oral presentation of research progress, there is an expectation that a mark of 60% is achieved for it to be considered satisfactory. Censors may suggest that extra identified learning be verified before allowing a re-assessment date to be set.

Discontinuation of Candidacy

The circumstances leading to a Candidate's withdrawal from the program are varied. If the Candidate chooses to withdraw for personal reasons, notification is made to the ETC which recommends to the Board the revocation of membership of the College.

If College Officers (Censor-in-Chief, Chairman of the TPC or Dean) have recommended discontinuation of Candidacy, following correspondence and discussion; notice must be given to the Candidate that the recommendation will be going to the ETC, citing the reasons for potential dismissal, and offering an appropriate timeframe within which further information may be provided, or an Appeal may be made.

If the Board endorses revocation of membership, notice is sent to the Candidate, the employer and the JCT. If relevant the MCNZ will also be notified.

Standard 5
Assessment of learning

5.4 Assessment quality

Accreditation standards

5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

Quality of Assessment processes

The College has adopted a cyclical improvement approach to maintaining the quality of all issues in the Fellowship Training Program (FTP), as suggested by Figure 6.1_1 in Standard 6. Monitoring and Evaluation. This approach is particularly relevant to Assessment quality, in which satisfaction surveillance and the meeting of standards in Assessment have been actively pursued.

The FTP itself has been the subject of significant critiquing, analysis, debate and planning over the past four years. The College is now in the phase of implementing transition business rules for learning and assessment (Appendix 3.1_3) and preparing the changes that will be required to its annual Candidates' and Supervisors' surveys, for evaluation of the impact of these activities. These surveys are distributed by electronic means. Data are collated and reports prepared for the TPC, the BOC and the ETC. Following discussion and reflection, further investigation may be undertaken to renew the Assessment processes of interest.

The Chair of ETC, the CE and the Dean specifically meet with Candidates on an ad hoc basis and at meetings of the CAC. These meetings raise issues, often related to Assessment and provide information that usually needs investigating before replies and responses can be prepared and fed back to the Candidates at these meetings or in the form of e-communiqués.

Outcomes of the Oral Examination

The key assessment issue requiring this iterative cyclical approach to inquiry about quality has been the Oral Examination.

Pass rates

As outlined in Table 5.4_1 the pass rate at the Oral Examination over the past ten years has been generally about 70%. In late 2011 the pass rate fell to 40%. Informal analysis suggested that isolation in training may have been a factor in the low success rate – e.g. geographical isolation, limitations in workplace supervision, limitations in currency of practice etc, but there was no particular trend in the characteristics of those who passed compared with those were unsuccessful. It was notable that the results in 2010 had been very high. The cohort for that examination had included the first group of Accelerated Pathway Candidates. In 2011 all those who were successful were Accelerated Pathway Candidates – they were Candidates with a great deal of experience in health management practice, and they had been very active in examination preparation learning sets.

Table 5.4_1 Pass rates RACMA Oral Examination 2009 – 2016

Year of Oral Exam	Pass on first attempt	Pass on second attempt	Unsuccessful	Total attempting	% Pass rate
2009	6	2	2	10	80%
2010	24	1	2	27	85%
2011	10		12	22	**45%**
2012.1	12	3	6	21	70%
2012.2	5		7	12	**42%**
2013	9	5	5	19	74%
2014.1	13	1	9	23	61%
2014.2	15	4	13	31	60%
2015	12	5	6	23	74%
2016	15	0	20	35	**42%**
2017	15	8	7	30	**77%**

As has been described in Standard 5.2, an external reviewer was sought to assist in evaluating the Oral Examination in 2014. Professor Schuwirth's report identified that the validity and reliability of the Oral Examination were sound. (Appendix 5.2_5).

In 2016 the pass rate fell again to below 45%. Table 5.4_2 outlines the characteristics of those who passed in 2016 and those who were unsuccessful. Again, because of small numbers, no trends were distinctive.

Table 5.4_2 Selected characteristics of 2016 Examination cohort

(35 Candidates)

2016 Oral Examination outcome	NZ	QLD	NSW	VIC	3 years or less in candidacy	3.5 or more years in candidacy	Initial medical degree Aus/NZ/ UK	Initial medical degree HK/India/ Sri Lanka/ Germany/Russia/ South Africa
Unsuccessful	1	3	4	6	9	11	13	7
Pass	3	3	2	3	9	6	13	2
Pass rate	75%	50%	33%	33%	50%	35%	50%	20%

College Trial Examination

Other data were reviewed by the Board of Censors. Since 2010, a College Trial Examination has been scheduled annually. It is expected that all Candidates will have participated in a College Trial Examination between 4-6 months prior to the College Oral Examination (or up to 2 years prior if a repeating Oral Examination candidate). It is a formative assessment activity. The examination session is conducted under the same circumstances as the College Oral Examination – the Candidates experience 20 minutes preparation and 20 minutes interview. At the end of the interview the Candidates are given verbal feedback and are given their Censor marking sheets to take away. The questions used in the Trial Examination have generally been those that were used in the Oral Examination the year before.

Standard 5
Assessment of learning

Data analysis demonstrated that poor performance at Trial Examinations was predictive of poor outcome at the Oral Examination held in 2016. See Table 5.4_3.

Table 5.4_3 Pass rate comparisons College Trials 2014-2016, Oral Exam results 2016

N=35

Pattern	Number
Pass in the Trial, Pass in the Oral Examination	6
Pass in the Trial, Unsuccessful in the Oral Examination	0
Borderline in the Trial, Pass in the Oral Examination	5
Borderline in the Trial, Unsuccessful in the Oral Examination	5
Unsuccessful in the Trial, Pass in the Oral Examination	4
Unsuccessful in the Trial, Unsuccessful in the Oral Examination	15

Outcomes of reasoning concerning receipt of data

Subsequent to annual reviews of data from the Oral Examination, and noting annual survey commentary, incremental improvements have been made to the processes and business rules over the past five years, and these were renewed in 2017. The assistance provided to the preparation of questions has been increased, the marking rubric has been renewed, the rules for moderation on the day of the examination have been clarified and the process for provision of feedback has been improved. New versions of policies on Candidate and Censor conflicts of interest in the 'examination setting' have been developed and fairness to all has been a priority.

The BOC has been particularly interested in the pass rates at the Oral Examination for registrars. The number of Candidates in registrar positions has grown to 44 in 2018. Most registrars have been successful at their first attempt at the Oral Examination. Of interest, however, is the fact that almost all of them have had at least five years of clinical and/or hospital administration practice before entering Candidacy.

Quality of Supervisor training in workplace assessment

Supervisor training begins with written information for awareness-raising and a second-monthly webinar program organised at a College level. Supervisors are expected to attend at least one face-to-face Faculty Workshop every three years. The annual Candidate survey asks questions about supervisors generally, and the responses have been themed and quantified for review by the Education and Training Committee.

The main request arising from Supervisor surveys has been for increased professional development training and tools for assessment of workplace activities. The College response has been that these topics have been added to the Faculty Workshop and the College Professional Development Forum topic schedules.

Quality of Censor training for summative activities

Censor training begins with written information, as a new Censor is introduced to the BOC. (Appendix 5.4_1) The CIC meets with new censors individually to orient them to their responsibilities and other Fellows may be asked to speak with them about, for example, assessing in the research training domain. A new Censor is expected to observe at a summative assessment activity before being invited to participate fully. When that happens, a new Censor is paired with a veteran censor. (Appendix 5.4_2)

Censors are expected to attend at least one face-to-face Board of Censors meeting per year and at least one Faculty workshop every three years.

Censor Training workshops are held annually and they take the form of a day of reviewing videos of Censors examining at the College Trial Examination. One or two scenario sessions are viewed by all the Censors and they are asked to score the Candidates for later comparisons. Some of the Censors are asked to assess the Censors, and then give them feedback.

Censor behaviour is also a feature of the annual Candidate Survey, and general feedback is provided to the BOC as these surveys are analysed.

Quality of the Research Training Domain

Data are being collated in early 2018, on the impact of the requirement for completion of a health services research project. It is expected that changes to the schedule may be recommended. These will be discussed at a BOC meeting in late 2018.

Summary of plans for assessment

The main workplan for 2018 and 2019 will be improvement in the consistency of workplace assessment, and the Review of the Research Training domain activities.

Attention will be paid to advising Candidates of the value of experiential learning and group practice in their preparation for the Oral Examination.

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Standard 6
Monitoring and evaluation

ROYAL AU

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Standard 6
Monitoring and evaluation

6.1 Monitoring

Accreditation standards

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Monitoring

Monitoring and evaluation of the Fellowship Training Program occurs at the 'macro', 'meso' and 'micro' level and is considered in terms of demonstration of meeting standards and acting on the opinions of stakeholders. The College follows a cyclical improvement approach for monitoring and evaluation: observations are made and recognised, reasoning takes place following analysis, responses (changes) occur and these are reviewed prior to renewing or confirming policies and processes. See Figure 6.1_1.

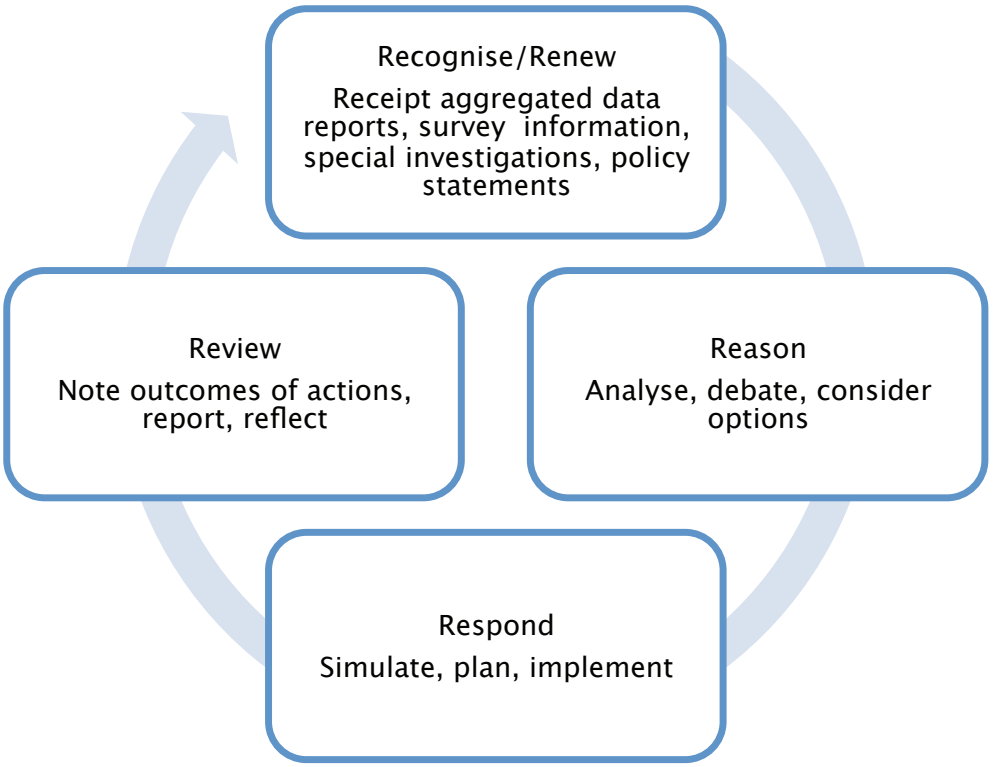

Figure 6.1_1 Monitoring and Evaluation cycle

Standard 6
Monitoring and evaluation

Monitoring of the College Fellowship Training Program (macro-level)

The College is a public company limited by guarantee and it monitors its fiduciary responsibilities with monthly Board meetings and annual auditing and reporting.

Its educational functions are similarly reviewed at monthly-quarterly intervals as reporting from the ETC and the CEPC.

The RACMA is one of 14 Specialist Medical Colleges in Australia and New Zealand which have similar goals in terms of training of specialist doctors. The College's key external 'quality' activity is its participation in AMC accreditation for ensuring the continuation of its status as the training body for specialist registration of doctors in the area of medical administration. Apart from noting reports on accreditation surveys and workforce planning documents, the College has no formal benchmarking activities with which to participate.

The President and the CE participate in monthly meetings of the CPMC and the Jurisdictional Chair for New Zealand and the CE attend second monthly meetings of the CMC. Many Fellows have reputational responsibilities as they officially represent the College on national and jurisdictional committees in Australia and New Zealand, relating to health policy development and medical leadership and education. They bring information back to the Board for discussion.

The RACMA continues to have forums for informal confidential feedback from candidates and supervisors in addition to formal annual surveys on aspects of the teaching and of the assessment activities in the FTP; and aspects of the quality of accredited training posts. (Appendices 6.2_1, 6.2_2, 6.2_3). The Chairman of the Candidate Advisory Committee (CAC) is a member of the ETC of the Board, which provides formal opportunity to raise issues and the CAC Chairman is in regular contact with the Chairman of ETC for informal communication on Candidate concerns.

Quality of learning and assessment overall (meso level)

The four 'R's': Recognise, Reason, Respond and Review, as outlined in Figure 6.1_1 are also evident in the monitoring and review of domain-based learning and assessment activities, particularly with respect to annual surveys of both Candidates and Supervisors which seek responses on all aspects of the learning and assessment processes of the College.

As has been identified in Standard 5, with respect to Assessment quality, the data arising from these reports are collated by College Office staff and reviewed by relevant subcommittees at regular planning days or meetings. Actions arising from these meetings are recommended to the ETC and implemented in due course by College Office staff supporting the subcommittees.

Medical management practice domain (meso and micro levels)

The Oral Examination has been externally reviewed for its validity and reliability (Appendix 5.2_5), and consistency monitoring is pursued with training of the Censors, calibration sessions at the Examinations and annual review of marking rubrics. Standard 5 provides detail on evaluation of the Oral Examination. After the Oral Examination each year, Candidates and Censors are asked to provide feedback. The information thus gained is analysed and presented to BOC meetings and to JCTs. Commentary is provided to the ETC for potential policy changes.

During the consultation process leading to increased accountability in workplace observation and feedback, some simple rubrics were developed to address in/directly observed management tasks and professional development reflective conversations, as was requested by Supervisors. It was agreed that scenario-discussions should be assessed using the Oral Examination marking rubric.

Suggestions have been made for minimum numbers of assessment moments in each of these tasks that must be documented for each training period.

The requirement for demonstration of competence in workplace activities using these simple tools in addition to completion of the assessment of extent to which Candidates have achieved competence in Curriculum learning objectives, has necessitated a re-working of the Terms of Reference of the TPC (of the ETC).

As well as monitoring the completion of Candidates' ITPRs, this Committee is now empowered to identify and suggest remediation for trainees in difficulty or 'at risk' and to make recommendations for investigation of training posts that may not be providing adequate opportunity for Candidate learning.

The introduction of the use of rubrics is being conducted slowly. It has been agreed that supervisors, preceptors and Candidates will all need training. 2018 will be a piloting year. It will begin with bulletins from the College and jurisdictional-based workshops. The Annual Faculty Workshop held at the Annual Scientific Meeting has been re-activated and this year will concentrate on workshopping these rubrics and raising awareness of how supervisors will be assessed. These functions will be monitored in Annual candidate and supervisor surveys.

Monitoring of the research training domain (meso and micro levels)

The Research Training 'program' has special attention in 2018. It was introduced in 2012 following a year-long development process. There are now approximately sixty Fellows who have participated in this program in their training with RACMA. These Fellows, current Candidates and research assessors as well as academic advisors are being surveyed in 2018 to evaluate the outcomes of the current structure of the Research Training Domain. Advice has been received in recent annual surveys that problems have arisen for candidates, and supervisors in the journeys into research that are available, particularly in rural settings without access to good research supervision.

Monitoring of specific learning and assessment activities (micro-level)

After each workshop conducted by the College Office or the Jurisdictional Committees, evaluation surveys seek the opinions of the participants and these are fed back to presenters, and to the relevant educational subcommittee.

Standard 6
Monitoring and evaluation

6.2 Evaluation

Accreditation standards

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

As is outlined in Figure 6.6_1 (page 76), evaluation of the data received from satisfaction surveillance and meeting of standards is reviewed by relevant committees in the 'reasoning' phase of the improvement cycle.

A key source of information on reflection of community needs is the College's biannual workforce survey (Appendix 2.2_2). In 2015, two thirds of Fellows contributed to the survey which identified that a majority of Fellows were employed in executive hospital management positions across Australia and New Zealand, in posts which require the expertise and professionalism of graduate Medical Administrators.

RACMA is represented in the National Medical Training Advisory Network data collation (previously known as the Medical Training Review Panel Report), now in its 20th year. This report identifies the characteristics of Fellows of RACMA in comparison with the characteristics of Fellows of other Colleges. It is notable that RACMA is similar to other Colleges in that it has growing numbers of new specialist medical administrators, approximately half of whom are women.

It is also notable that increasing numbers of hospital executives are applying for funding for medical administration registrar posts under the Integrated Rural Training Pipeline program, and they are being successful. It is interpreted by the College that this outcome may be related to a belief by Health executives that Specialist Medical Administrators are valuable members of their teams, and a belief that funding bodies also recognise the value of specialist medical administrators.

Across 2018-2020, the College is implementing its FTP's transition from a progression model to an integrated one and increasing the accountability of workplace assessment. The introduction of changes will be evaluated with survey-based inquiry at appropriate times.

Evaluation strategies are outlined in more detail in Standard 2-Outcomes of specialist training and education and Standard 3-The specialist medical training and education framework. The re-activated Curriculum Steering Committee will be monitoring developments in the Higher Education sector to assess the transferability of measuring benchmarkable indicators of the quality of the FTP overall e.g. completion rates and employment outcomes.

6.3 Feedback, reporting and action

Accreditation standards

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

As outlined in detail in Standard 1-The context of training and education, the College has a solid governance structure that ensures that Candidates and Supervisors have ample opportunity to participate in governance and to raise issues and implement solutions in the Fellowship Training Program.

The Board is actively involved in policy consultation with health departments and individuals have special roles in developing awareness in hospitals and community health services.

The key outcome for the College in recent years has been its translation of the structure of the FTP in response to significant consultation with the Education sector, with Candidates, and with the general Fellowship.

It is anticipated that the College will continue with its activities in meeting standards and in satisfaction surveillance as outlined in this submission.

It is anticipated that as part of the work of the Curriculum Steering Committee over the next two years, further surveillance of completion rates and employment outcomes for both the Fellowship Training Program and the Leadership for Clinicians education program (which may lead to membership as an Associate Fellow) will be conducted.

Summary of plans for monitoring and evaluation

The College is very active in monitoring the surveillance data arising from activities in Board processes and in the FTP, and in reasoning and making improvements.

The re-activation of the Curriculum Steering Committee is expected to highlight further responses that need to be made over the coming two-three years, particularly in the area of graduate outcome measurement.

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of Medical Administrators

Standard 7
Trainees

ROYAL AU

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Standard 7
Trainees

7.1 Admission policy and selection

Accreditation standards

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
  - use the published criteria and weightings (if relevant) based on the education provider's selection principles
  - are evaluated with respect to validity, reliability and feasibility
  - are transparent, rigorous and fair
  - are capable of standing up to external scrutiny
  - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

Trainees

In June 2018 the College has 44 registrars in Australia (27 in Specialist Training Program or Integrated Rural Training Pipeline posts) and three in New Zealand (in government funded positions); and 92 Candidates in substantive leadership posts in Australia and eight in New Zealand.

Entry to Candidacy

As is outlined on the College website, Candidates may enter the FTP with a medical degree acceptable to the MBA and the MCNZ; a minimum of three years of clinical practice in Australia, New Zealand or a similar setting, demonstration of interest and aptitude for management and leadership in the Health system, and employment in an accredited training post – either a medical administration registrar post or a substantive medical leadership position.

Candidates may secure employment in an accredited training post by applying for selection to an advertised accredited registrar position, or by seeking accreditation of their existing positions. Figure 7.1_1 outlines the route for each category of Candidate.

Standard 7
Trainees

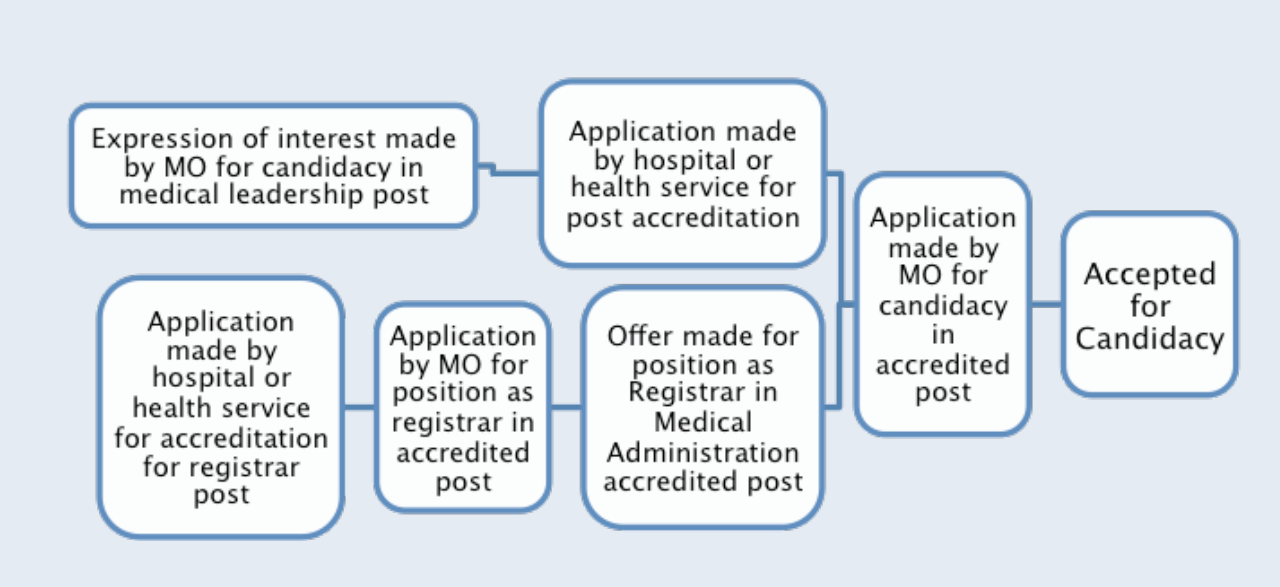

Figure 7.1_1 Entry to Candidacy

Candidates in substantive posts self-select, while registrars are subject to recruitment processes for Junior Medical Officers (JMOs). The appointment processes for registrars follow the rules associated with each jurisdiction and the selection criteria for RACMA candidacy outlined above. There is a template for the job description of a medical administration registrar (Appendix 4.2_2) which is customised for the nature of the post and monitored in the accreditation of training posts processes.

The recruitment process for Registrars involves scrutiny by the JCTs who are well versed in ensuring that the processes are transparent and fair, and that there is a process for formal review of decisions in relation to selection in both the public and the private sector which is outlined to candidates prior to the selection process.

7.2 Trainee participation in education provider governance

Accreditation standard

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

Trainee participation in governance

As a College supportive of the principles of adult learning (i.e. self-directed study, learning from experience and focus on reasoning) it is very important that Candidates are involved in governance of the FTP.

The RACMA Constitution requires that a Candidate is elected to Board membership. That Candidate is a Board Director for the nominated term but s/he steps down when s/he becomes a Fellow. As a Board Director s/he is oriented to Board functions and responsibilities at that level but is also expected to facilitate understanding by the Board, of Candidates' views.

The membership of the ETC includes the Chairman of the Candidate Advisory Committee (CAC).

The CAC is composed of jurisdictional candidate representatives who may have been nominated by their Jurisdictional Committees or a vote may have been held. It is generally the person who is the Candidate Representative on the Jurisdictional Committee (Appendix 7.2_1). The meetings are facilitated by support from the College Office for teleconferencing. Distribution of communiqués occurs through the Office of the CE. The CE and Dean of Education are ad hoc invitees to CAC meetings.

There is a Candidate on the RTC and on the Curriculum Steering Committee.

There are always Candidates involved in strategic planning days and special working parties e.g. in 2017 the Programmatic and Workplace Assessment Working Party had included the Chair of the CAC.

It is generally expected that Candidates who are in attendance at such meetings are expressing the views of Candidates generally. If it is important to have a 'vote' on a particular issue then the CAC would be assisted to conduct a survey through the College Office distribution lists.

Candidates are 'voting' members of the Committees on which they are sitting. They are expected to abstain from voting on issues in which they may have a conflict of interest, and they may not participate in endorsement of summative assessment outcomes.

Standard 7
Trainees

7.3 Communication with trainees

Accreditation standards

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

Communication with Trainees

The College is committed to use of its website for information for Candidates via 'Candidates' Corner' – handbooks, bulletins and recorded webinars are available. New initiatives are circulated as Communiqués to Candidates, and Supervisors if relevant, and these are then placed on an appropriate place in Candidates' Corner.

Relevant contacts are provided for Candidates to communicate with their Representatives, and College Officers (Chair ETC, CIC and Dean).

College Office staff contacts are also provided for Candidates to seek information on their individual programs, and to check their documentation of activities and outcomes.

7.4 Trainee wellbeing

Accreditation standards

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

Candidate wellbeing

The College has a Regulation for Supervised Practice. (Appendix 7.4_1) The key activity that promotes Candidate well-being is the process of Accreditation of the training post. (Appendix 8.2_1) The application for training accreditation requires the site manager to indicate the level of employee support that is available to the Candidate in terms of pay scale, training leave entitlements and protective legislation. The organisation must have clear and unambiguous policies for prevention of and response to bullying, harassment and sexual harm. The accreditation process is monitored informally by candidates, supervisors and jurisdictional co-ordinators of training at training supervision meetings and formally at annual and ad hoc reviews.

College policy on bullying, harassment and discrimination

Following the lead of the Royal Australasian College of Surgeons (RACS), in 2015, the RACMA conducted a survey to understand bullying, discrimination and sexual harassment (BDSH) in the lives of RACMA Fellows and Candidates. The outcome of the survey was that a majority of respondents were able to cite incidents of BDSH in their workplaces. Incidents of training BDSH were reported but no critical complaints were made. By January 2016 the College had established its Policy on Discrimination, Harassment, Bullying and Victimisation (DHBV). (Appendix 1.1_23) It was launched with a position statement by the President and followed up with a training webinar on the topic which is available °n the College website[8].

The Policy sets out:

- the College's expectations and requirements as to acceptable standards of conduct for its Members and Staff when involved in College activities (including activities that take place in external settings);
- the responsibilities of the College, of external settings and of Members in giving effect to this Policy;
- how complaints about breaches of this Policy are to be handled; and
- the consequences of breaching a requirement of this Policy.

It is linked to our policies on codes of conduct, complaints handling and reconsideration of decisions by College Officers, all of which expect that wellness is assured and that poor behaviour is investigated confidentially and treated appropriately. The College's Employee Assistance Program is specifically available also to Candidates.

8 Wellington, H and Fraser, S. Webinar on bullying and harassment in the workplace. https://vimeopro.com/racma/racma-interact-training-program/video/172494312

7.5 Resolution of training problems and disputes

Accreditation standards

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

Resolution of training problems and disputes

As is outlined in the Regulation for Supervised Practice in the Fellowship Training program (Appendix 7.4_1) generally, Candidate-Supervisor problems can be resolved at the level of Preceptor discussions. Occasionally the JCT needs to be involved in hospital or health service executive-level discussions. If satisfactory resolution cannot be obtained then the situation may need to be escalated, to College officers such as the Dean or the CE. The policy allows for Candidates to be given confidence that they will not be disadvantaged by raising legitimate concerns.

Issues may be raised with Candidate Representatives and at CAC meetings, and the Board Director for Education and Training has established that an open forum will be held at the Annual Scientific Meeting for Candidates to raise concerns. The first of these meetings was held in 2017. Specific issues that required investigation were identified and feedback over subsequent meetings was provided to the CAC. Reports were made to the Board on the actions that arose out of that, and other, informal meetings and from unidentified complainants.

Summary of plans for trainees

The support activities for trainees are well developed in the RACMA training program. In the next two years the College will be introducing a new Learning Management System to supplement its Candidate member services and streamline communications about Assessment.

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8.1 Supervisory and educational roles

Accreditation standards

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

Site-based observation and feedback

The College has a Regulation for Supervised Practice (Appendix 7.4_1). As has been identified in other Standards, the FTP takes place in the workplace. The key component of the FTP is its three years of supervised medical management practice, and the key relationships for the Candidate are those which s/he has with her/his Supervisors and Preceptors.

RACMA has a jurisdiction-based system of preceptorship for Candidates for their overall programs; and a system for workplace supervision for Candidates in each accredited medical administration registrar position and each accredited substantive medical leadership position. The philosophy of regular and frequent discussions with a supervisor is that patient and community safety in hospital and health service administration is served well by this experiential programmatic model.

Training posts

The RACMA has had a comprehensive process for accreditation of training sites, for registrars and for medical practitioners in substantive posts, endorsed in previous AMC submissions. (Appendix 8.2_1). The criteria for accreditation include level of exposure to medical management practice, the level of professional supervisory experience available, the support provided to Candidates as trainees and the commitment by supervisors to facilitation of professional development.

An appropriate hospital or health service executive applies for site accreditation of a registrar or substantive position post, and preliminary accreditation is granted if the criteria appear to be met. Within a few months of a Candidate working in the position, a site visit is conducted to confirm aspects of the submission and identify any conditions that must be met.

There is an expectation that applications for accreditation will open in July and all will be finalised by July the next year, in order for advertisement of Accreditation status to be used purposefully in the JMO recruitment processes in

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each jurisdiction. The surveying panel, consisting of two Fellows (one of whom is a College Censor), accompanied by an experienced staff member from the College Office, visits the site and interviews hospital executives, the proposed supervisors and the incumbent Candidate/s to confirm the statements made in the initial application. Recommendations are then made on the length of time that will be acceptable for training in that post (six months, one year, eighteen months, two years or three years). The Accreditation cycle is four years. Ad hoc reviews may be interspersed in the event of receipt of adverse advice about a post before the next cycle begins.

Jurisdictional Co-ordinators of Training

The JCTs are Fellows of RACMA. (Appendix 1.1_14) They are volunteers who are standing members of Jurisdictional Committees. The JCTs are key members of Site Accreditation Panels and they generally chair the centralised recruitment processes for registrars in medical administration in their jurisdictions.

Their role in supervision relates to their notification by the College Office of the medical officers who have been recommended for Candidacy and been accepted into membership of the College in that category. They are made aware of the nominated Supervisors and Co-Supervisors, if apparent, and asked to recruit appropriate Preceptors from amongst the network of Fellows in the jurisdiction. As a group they form the College TPC, which is the group which monitors ITPRs.

Supervised medical management practice

College Candidates experience, and are supervised to perform in, medical management practice in the nominated workplace – in accredited training posts. (Appendix 7.4_1) The posts are RACMA-accredited on the basis that there will be adequate exposure for the Candidate to opportunities for learning about corporate governance, clinical governance, medical human resources management, funding of health systems, e-health implementation, medical education etc; and opportunities to practice, under supervision, some of the skills and competencies that are expected of the graduate medical administrator.

Registrar training supervisors are Fellows of RACMA. There is a traditional apprentice-master relationship in the day-to-day activities, with beginning registrars assuming a shadowing/observing role with senior medical administrators and senior registrars being asked to perform increasingly independently.

For Candidates in substantive posts (directors of medical services, directors of clinical governance, heads of clinical departments etc), the day-to-day line manager is likely to be a senior health service executive who may/not be a Fellow. The accreditation visit that occurs in the lead-up to Candidacy usually identifies the willingness of the executive to be 'responsible' for ensuring that the Candidate is given time for identified professional development discussions and is encouraged to attend RACMA workshops and seminars. The accreditation process then identifies a Fellow working in close geographical proximity, to be the Training Fellow Secondary Supervisor. (Appendix 4.1_1)

Preceptors

The role of the Preceptor is a mentoring one. (Appendix 4.1_2) Preceptors are generally linked with their Candidates for the duration of the candidacy and are generally people in the same jurisdiction as the Candidate. Candidates are expected to prepare their Annual Training Plans (ATPs) in conjunction with their Preceptors and discuss their semester ITPRs with their Training Supervisors. It is expected that a Preceptor and Supervisor for an individual Candidate will have met at least by telephone at least twice in each training semester. This relationship with a Preceptor is variable with the seniority of the Candidate, and the geographical logistics.

Hospital and community practitioners

The relationship of Candidates with health system administrators and managers is very strong as their supervisors are generally members of health system executive teams. The three registrar posts in New Zealand are funded from general hospital budgets. About half the registrar posts in Australia have been funded outright by hospital executives following negotiation by Fellows in medical administration executive positions. At this time there are 27 registrar positions funded by the Commonwealth Department of Health's Specialist Training Program (STPs) – in private hospitals, and rural hospital and community settings. The applications for the funding for these posts have been initiated and supported by hospital executives, and their ongoing funding has required continuation of this support.

For Candidates in substantive posts of medical leadership, the commitment of professional development support from hospital executives is also strong. In many cases a hospital executive is in fact prepared to offer training supervision as a component of their own professional responsibility to the people reporting to them. Their support has been required as a component of the process for accreditation of the post.

Support for supervising faculty

At this time in Australia and New Zealand there are eight active JCTs (in some states the functions are shared amongst members of the State Committee), 110 Training Supervisors, 65 Co-Supervisors, 95 Preceptors and four Executive Coaches who are considered to be 'supervising faculty'.

Although Supervisors are not 'accredited', they have been provided with a College 'Supervisor Kit' of information (which includes their role descriptions) and are invited to regular faculty webinars and professional development workshops. Supervisors are expected to attend a College Faculty Workshop at least once every three years, in conjunction with the Annual Scientific Meeting. Annual Supervisor/Preceptor surveys identify the topics for professional development e.g. executive coaching, delegation, teaching as a supervisor skill.

Supervisor effectiveness

Annual surveys across recent times have identified for the ETC that supervisor effectiveness is varied. It appears that registrars receive regular and frequent feedback from their supervisors, and it is generally appreciated. However, people in substantive posts have variable expectations, as do their supervisors. Plans are under way to increase the accountability of workplace observation and feedback in 2018 and 2019.

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8.2 Training sites and posts

Accreditation standards

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
    - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
    - makes publicly available the accreditation criteria and the accreditation procedures
    - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
    - promote the health, welfare and interests of trainees
    - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
    - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
    - ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

Training sites and posts

The College has a Regulation on Accreditation of Training sites (Appendix 8.2_1) The accreditation criteria that are identified in the RACMA application for accreditation generally follow the three domains outlined in the Australian Health Ministers Advisory Council's Accreditation of Specialist Medical Training Sites Project. They are:

- Promotion of the health, welfare and interests of trainees in terms of governance, safety and quality of training; as well as infrastructure, facilities and educational resources;
- Ensuring that trainees have the appropriate knowledge, skills and supervision to deliver quality patient care in terms of supervision and exposure to topics in medical management practice; and
- Support for a wide range of educational and training opportunities aligned to the curriculum requirements, including health services research conduct and appropriate academic supervision.

The College assesses workplace information in an application form and confirms details at an accreditation site visit.

Assessment includes supervision, infrastructure, support services and a comparison of the workplace experiential opportunities offered by the organisation against the competency requirements of the FTP. (Appendix 8.2_2)

The numbers of site visits per year has grown significantly since the process was first instigated in 2010. Figure 8.2_1 demonstrates the growth in the requirement across the past nine years.

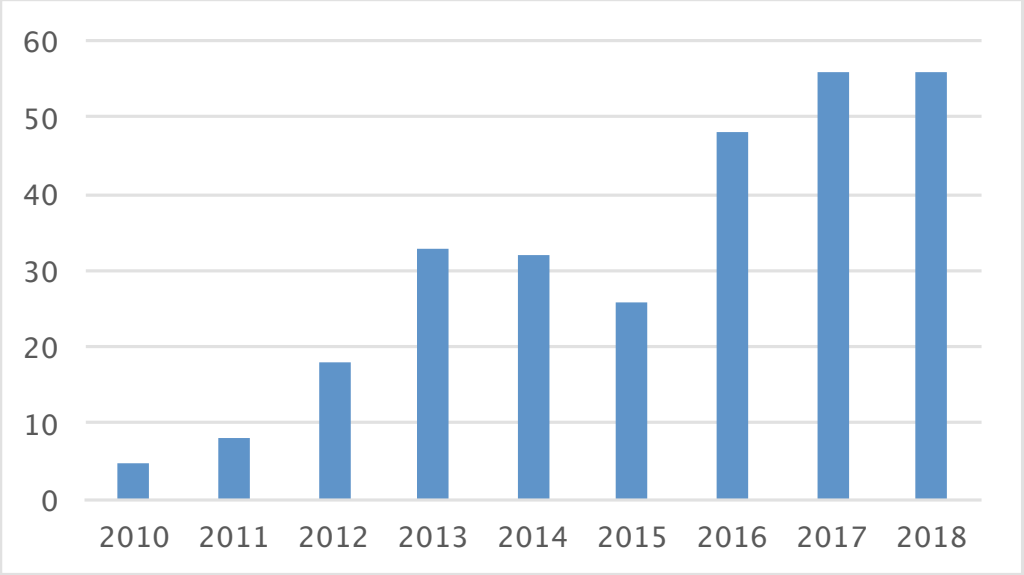

Figure 8.2_1 Accreditation visits 2010-2018

Accreditation of training posts ensures consistency in the delivery of the RACMA FTP. Accreditation requires joint governance between RACMA and the training site to ensure compliance with training standards, with both parties concentrating on educational outcomes and continuous quality improvement.

It is acknowledged that the breadth of workplace experiential opportunities may not be available at all health settings, increasing the importance of collaboration across the College membership and health networks to enable exposure to such experiences to satisfy training program competencies. At the visit, the panel suggests the expectations for accreditation in terms of six-month rotations, twelve months or eighteen months.

The panel's report is presented to the ARC (made up of JCTs or trained Fellows identified by the Jurisdictional Committee) (Appendix 8.2_3, 8.2_4) for endorsement and recommendations to the ETC. Information, including the report is sent to the training post, and to the JCTs identifying the outcomes of the visit.

Summary of plans for site accreditation

The accreditation of sites is a well-developed process in the College. However, resources are limited and there may now be a need for a review of the conduct of the interviews, particularly with respect to the efficiency of the RACMA processes for accreditation. There may also be a need to consider the availability of Fellows for local preceptorship of senior Candidates.

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Standard 9
Continuing professional development, further training and remediation

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9.1 Continuing professional development

Accreditation standards

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

Continuous Education

The RACMA Continuing Education Program has continued and is regularly reviewed for its consistency with revisions made by the MBA and the MCNZ. The policy is known as the Continuing Professional Development Standard. (Appendix 9.1_1)

The College publishes instructions on the requirements for Continuing Education on its website and the CEP manual is able to be downloaded as one document. The Continuing Professional Development Standard outlines the purpose and goals of the CEP program for medical administration, the method for accumulation of points for CEP activities and the mandatory and optional sections. Members of the College are able to use an on-line submission process.

Guided by the Curriculum role competencies, Fellows and Associate Fellows of the College demonstrate their continuing professional development as registered medical practitioners by acquiring CEP points. Fellows are expected to acquire 50 CEP points annually and Associate Fellows are expected to acquire 25 points.

The date of the activity is recorded and members are asked to provide evidence of participation. They are expected to indicate some form of reflection on their learnings during, or at the end of the activity (simple journal jottings).

The electronic documentation is reviewed by the JCCE's and certificates are issued annually, signed by the Chair of the CEPC. The online evidence is maintained for five years to enable ease of justification in the event of AHPRA audit. The capacity for online CEP points accumulation is being transitioned through a new software system in 2018.

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Continuing professional development, further training and remediation

The dimensions are:

- mandatory completion of a Professional Development Plan;
- optional completion of peer review and a medical management practice audit (mandatory if in New Zealand); and
- continuing medical education.

Section 9.2 of the MCNZ Additional criteria for Assessment of Specialist Medical Education Programmes and Professional Development Programmes outlines the specific requirements for New Zealand RACMA members. (Appendix 9.1_2)

Continuing Education Program points may be accumulated in self-directed education and quality management, participation in RACMA education activities and involvement in RACMA governance activities. It is expected that links between activities and the College Curriculum role competencies will be identified.

Of all Fellows, 97% participated in entering CEP activities for 2016 and 92% were issued with certificates of currency for fulfilling the requirements of the program. This was 6% higher than in 2015. Of all Associate Fellows, 69% participated in entering CEP activities for 2016 and 58% of were issued with certificates. This was 10% higher than in 2015.

In the event of non-fulfilment members are notified of the potential for discontinuation of membership of the College. They are offered an opportunity for explanation and encouraged to participate more actively in the future.

Evolution of Continuing Education

A CEP Round Table workshop was conducted with members in October 2017 to explore areas for improvement, to clarify areas of apparent confusion and to seek input on what changes should be made to the CEP system. The College also distributed an online survey in December 2017 to over 600 members seeking agreement to some proposed minor changes. The response rate achieved was well over 50%. A total of 109 free text responses were also received. As a result of this survey, the RACMA Board has endorsed some minor changes for implementation from 2018, while the Medical Board of Australia's 2017 review of all medical Continuing Professional Development is being completed.

Continuing Professional Development Forums

In 2015, the Board established a Learning and Teaching Advisory Committee which identifies from the members' survey responses, priorities for special professional development topics for enhanced face-to-face workshops. (Appendix 1.1_7)

The feedback from the five Forums held so far has been highly positive and plans are going ahead to consider variations from two-day events held in one venue to several one-day events rotating across the jurisdictions, in 2019.

Challenges for Continuing Professional Development

Dual Fellows have found it difficult to understand why the CPD of a clinical College will not suffice for RACMA. It is explained that RACMA CEP requirements need to include relevance to the eight Role Competencies in the context of the Curriculum.

It is expected that the likely introduction of the MBA's Professional Performance Program will be the guide for an updated RACMA CEP program in 2019.

9.2 Further training of individual specialists

Accreditation standards

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

The College has a Policy for Performance/Competency and Retraining. (Appendix 9.2_1) The College has the capacity to respond to requests for further training of individual specialists that might arise due to re-entry after illness or if a Specialist International Medical Graduate seeks support.

Such a program (of observation in a relevant workplace and participation in professional development forums) will be developed in consultation amongst the relevant College Office-Holders (e.g. Chair CEP, CIC, Dean) and scaffolded by appointment of an Executive Coach (Appendix 4.1_3). There has been one application for re-entry to membership in the past two years, and this process was followed.

Standard 9
Continuing professional development, further training and remediation

9.3 Remediation

Accreditation standards

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

Member remediation

Depending on the relevant laws, regulations and codes of conduct that should be invoked, a request for remediation of a member would be subject to the same process as requests for further training as identified above.

Depending on the outcome of interviews with relevant College Office-Holders (Chair CEP, CIC, Dean) a program of education and skill practice would be arranged and would be scaffolded by appointment of an Executive Coach who would be required to prepare regular ITPRs. (Appendix 4.2_3)

Summary of plans for continuing professional development

In 2018 and 2019, the CE program will be reviewed and possibly revised in light of the outcomes of the Medical Board of Australia's and Medical Council of New Zealand's recent reviews.

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Standard 10
Assessment of specialist international medical graduates

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10.1 Assessment framework

Accreditation standards

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

Registration of Specialist International Medical Graduates

The RACMA policy, 'Assessing international medical graduates (IMGs) seeking specialist Recognition and RACMA Fellowship' has been identified in Standard 1 (Appendix 10.1_1).

In Australia, the Health Practitioner Regulation National Law provides for the registration of specialist international medical administrators who have successfully completed any examination or assessment required by an approved training provider to assess a specialist international medical graduate's ability to practise competently and safely in the specialty.

The MBA provides for the examination or assessment to be undertaken by the RACMA for 'medical administration'.

The requirements for specialist registration in New Zealand differ from the requirements for registration in Australia. The assessment of specialist international medical graduates in New Zealand needs to meet the requirements of the MCNZ which are based on legislative requirements. The MCNZ requires education providers to have a process for the assessment of specialist international medical graduates' training, qualifications and experience so that it can determine eligibility for registration within a vocational scope of practice. (Appendix 10.1_2 Section 5.4)

The College has processes for the conduct of that assessment that have recently been noted in the 'External review of the specialist medical colleges' assessment of international medical graduates' completed by Deloitte Access Economics for the Australian Medical Board. They were found to be sound for RACMA. A suggestion has been made to include a community representative on the assessing panels and identify the processes for evaluation more clearly. These suggestions are being addressed by the RACMA SIMG Committee in 2018.

In Australia, international medical graduates with specialist medical administration qualifications may apply directly to RACMA for assessment of comparability of those qualifications with that of a Fellow of the Royal Australasian College of Medical Administrators.

The process involves application in a standardised format and interview by three Fellows, two of whom are members of the Board of Censors. Recommendations are made to the ETC and the Board of RACMA for endorsement prior to forwarding information in a prescribed format to the Medical Board of Australia.

The outcomes of the assessment are identified as 'substantially', 'partially' or 'not' comparable to Fellows in Medical Administration. Criteria are suggested for what may be required for the applicant to become eligible for Fellowship.

Standard 10
Assessment of specialist international medical graduates

In New Zealand the Medical Council of New Zealand (MCNZ) has the statutory role in determining whether an IMG applying for registration in a vocational scope of practice is fit for registration, has the prescribed qualification, and is competent to practise within that scope of practice. Standard 5.4 in the *MCNZ Additional criteria for Assessment of Specialist Medical Education Programmes and Professional Development Programmes*, (Appendix 10.1_2 Section 5.4) outlines the expectations in relation to the role of RACMA.

The role of the assessing College is to provide comprehensive advice and recommendations on the IMG's qualifications, training and experience, and whether this is at the level of a NZ trained specialist; and to advise the MCNZ on the suitability of a proposed employment position and supervisor for the assessment period.

The RACMA processes for SIMG applications for specialist registration in Australia are similar to those for assessment of SIMG applications for specialist registration in New Zealand – information will be received from the applicant, an interview is held, with an appropriate panel of New Zealand members, the report arising from the interviews will be formatted against the New Zealand requirements, the Board of RACMA endorses the report and MCNZ is sent a report which includes:

- identification of differences between qualifications, training and experience against the components of the Fellowship of RACMA; and
- advice on components that the IMG would need to complete during a provisional vocational period of registration, toward obtaining registration in a vocational scope of practice, together with comprehensive reasons.

In the past four years RACMA has assessed 10 such applications, all in Australia. See Table 10.1_1.

Table 10.1_1 Applications for comparability assessment 2014-2016

Number	Country of primary medical degree	Evidence of health management qualification	Years of medical management practice	Outcomes
1	Egypt	No	5-10 yrs	Partially comparable
2	India	No	5-10 yrs	Not comparable
3	Egypt	No	5-10 yrs	Partially comparable
4	India	Yes	11-15 yrs	Partially comparable
5	India	Yes	11-15 yrs	Not comparable
6	South Africa	Yes	5-10 yrs	Partially comparable
7	Sri Lanka	Yes	20+ yrs	Substantially comparable
8	Hong Kong	Yes	11-15yrs	Substantially comparable
9	Sri Lanka	Yes	11-15 yrs	Not comparable
10	Fiji	Yes	5-10 yrs	Not comparable

RACMA processes

RACMA processes are aligned with the AHPRA Good Practice Guidelines and are outlined on the College website. (Appendix 10.1_1). The doctor applies to RACMA, outlining her/his background, past training activities and examination outcomes. Confirmatory evidence of the claim, and references, are reviewed by the potential panellists of the SIMG (Specialist International Medical Graduate) Panel and extra information is sought before an interview time is set.

A SIMG Panel is convened (three senior Fellows with appropriate background, at least two of whom are College Censors) and the applicant is interviewed in person over a half-day process, to confirm the claims made in the application and establish comparability with the education and training program of a Fellow of the Royal Australasian College of Medical Administrators.

The doctor is interviewed in depth concerning the knowledge, skills and personal attributes acquired in her/his training in medical administration and these data are compared with the experience of a RACMA Candidate. A table is drawn up identifying that the applicant is substantially comparable, partially comparable or not comparable, with a RACMA Fellow and the conditions are identified that will need to be met for the applicant to become comparable.

A commitment is made that the RACMA processes will be completed within two-three months of receipt of all relevant and required information from the applicant.

Standard 10
Assessment of specialist international medical graduates

10.2 Assessment methods

Accreditation standards

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

Assessment methods

The key assessment method used by RACMA is the interview that follows review of written material.

The first part of the interview, which is a half-day process, is a discussion confirming information in the application. It addresses how closely the applicant's claim concerning the level of study of relevant topics and experience of assessment in the workplace, is aligned with the journey of an Australian or New Zealand Candidate. Special attention is paid to likely cultural competence in the Australian or New Zealand setting.

The applicant is then given two scenarios to prepare and discuss with the interviewers. Twenty minutes is allowed to prepare a response to a medical management scenario (a past Oral Examination scenario).

During the applicant's preparation time the references that have been supplied are reviewed, and the interviewers identify if there is a need for further evidence of competence e.g. they may be asking for copies of a business case, or a strategic plan in which s/he was involved or copies of health service research publications.

The applicant returns to speak to the interviewers again, for twenty minutes. The interview session concludes with feedback on her/his performance in the scenario presentations and discussions, and in the knowledge and skills displayed. S/he is advised of further information that would be helpful.

The panel does not advise its decision on the outcome of the interview to the applicant on the day. The applicant and the relevant Registration Authority is advised if and when the outcome is approved by the Board of RACMA. If a Panel is concerned that safety issues have arisen during the course of the interview, then the Chair will discuss them with the CIC or Dean to determine the appropriate action under the notification laws in Australia and New Zealand.

10.3 Assessment decision

Accreditation standards

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

Assessment decision

After an assessment interview, the Panel decides on the need for more information, or its ability to recommend that the applicant's training and experience is:

- Substantially comparable (equivalent to);
- Partially comparable; or
- Not comparable to that of a Fellow of RACMA.

If ***substantially comparable***, it will be recommended that if/when the applicant is employed in Australia s/he will be required to commit to peer supervision/support from a Fellow working in geographical proximity who will be nominated by the College, for 12 months before Fellowship eligibility will be granted. The applicant will be granted specialist registration-with-enabling-conditions by the Medical Board of Australia; and provisional vocational registration for the relevant period, by the Medical Council of New Zealand.

If ***partially comparable***, it will be recommended that the applicant enrols in candidacy, with recognition of prior learning and experience and relevant exemptions from, for example, research assignments. Suggestions will be made concerning the period of satisfactory performance in an accredited medical management post that will be required and the Master's level topics of study that will need to be completed. The applicant may be expected to participate in the College Trial Examination and pass the Oral Examination for eligibility for Fellowship.

If the applicant's training is considered to be ***not comparable*** s/he will be advised that s/he will need to complete the full training program (if and when eligible).

These recommendations are made to the ETC and the Board of RACMA before the advice is provided to the applicant, the MBA and/or the MCNZ. If, within two years of the interview, an applicant applies for Candidacy, to complete the training program by fulfilling the conditions set at interview, s/he is recommended, by the ETC to the Board, for membership in the category of Candidate.

Standard 10
Assessment of specialist international medical graduates

10.4 Communication with specialist international medical graduate applicants

Accreditation standards

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

Communication

Information is provided to applicants for specialist registration on the RACMA website and it is this information which has also been provided to AHPRA for its own use.

As applications are received, applicants are notified by telephone and email of the progress of their applications.

Summary of plans for assessment of specialist international medical administrators

The College has received a draft of the report by Deloitte Access Economics concerning its "External review of the specialist medical colleges' assessment of international medical graduates".

Its main recommendations for the College to fully comply with best practice in this area, are likely to be:

- that RACMA includes a community member on the interview panel;
- that RACMA develops a policy for Area-of-Need assessments; and
- that RACMA develops a policy and process for re-assessment.

In light of these findings, the College plans to develop a formal action plan across 2018.

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