Submission to Australian Medical Council

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

Addendum to initial submission

September 2018

This addendum to the Re-Accreditation submission of June 2018 has been prepared following a request from the AMC-RACMA Re-accreditation Survey Team for more information in September 2018.

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Addendum Summary

The submission for Re-Accreditation of the Royal Australasian College of Medical Administrators was made to the Australian Medical Council in June 2018. The Survey Team reviewed the submission and sought updates on some of the documents in the appendices. The Team also suggested some of the issues that would be explored in the observation of summative assessments, site visits and committee meetings in future months, and asked for written samples prior to those visits.

This Addendum document has been prepared in response to those requests for more information. The numbering convention of the first document has been used for the attached tables, figures and appendices.

Standards relating to indigenous health issues
A table has been provided which summarises RACMA's initial and additional responses relating to indigenous health care issues.

Standards relating to additional requirements of Medical Council of New Zealand
A table has been provided which summarises the MCNZ's additional requirements and identifies initial and additional RACMA responses.

Standard 1 The Context of training and education
Samples of minutes of Education and Training Committee meetings, Board of Censors meetings and Curriculum Steering Committee meetings have been provided as Appendices, as has the Role Description for the Dean and the role description for Board Directors.

Further information is provided concerning 'what we've done' since we reported 'What we heard'.

Standard 2. The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes)
Tables have been provided outlining entry to Candidacy and entry to Fellowship characteristics over the past 3-5 years.

Documents have been provided outlining the relationship of indigenous health and indigenous health care issues to the purpose of the College and the goals of the Fellowship Training Program.

Standard 3. The specialist medical training and education framework (curriculum framework; content; continuum of training, education and practice; structure of the curriculum)
Further information has been provided on cultural competency, research and pathways to Fellowship.

Standard 4 Teaching and learning
Examples of Annual Training Plans for a registrar, a Candidate in a substantive medical administration post and a Candidate in a clinical lead position are provided.

Standard 5 Assessment
The updated Assessment Policy has been provided, as have Business Rules for the Conduct of the Oral Examination. Sample cases of a candidate requiring remediation and a candidate whose candidacy was discontinued are provided.

The plans for a new Learning Management System have been outlined.

Standard 6 Monitoring and Evaluation
The Research Training Review Report has been provided.

Standard 7 Trainees
More information has been provided on processes for entry to candidacy.

Standard 8 Supervision and accreditation of training sites
The components of the Supervisor kit have been provided.

Standard 9 Continuing professional development
The draft renewed Continuing Education Policy has been provided.

Standard 10 Assessment of Specialist Medical Administrators
The College plans following the Deloitte Review have been provided.

Standards summary relating to indigenous health issues

Standards and the RACMA responses concerning indigenous health care issues and cultural competence are summarised in Table 0.1_1 for ease of assessment.

Table 0.1_1 Indigenous health and health care standards

Standard	Commentary
2.1.2 The education provider's purpose addresses indigenous peoples and their health.	RACMA has respect for cultural competence and indigenous health as outlined in policies and position statements in 2012 (**APPENDICES 2.1_2 AND 2.1_3**) and re-newed in draft Indigenous Health policies, committee terms of reference and actions plans (**APPENDICES 2.1_4, 2.1_5, 2.1_6, 2,1_7, 2.1_8**)

3.2.9 The curriculum develops a substantive understanding of indigenous health, history and cultures in Australia and New Zealand as relevant to Medical Administration.
 	
3.2.10 The curriculum develops an understanding of the relationship between culture and health.
	The RACMA Medical Leadership and Management Curriculum currently has learning goals (15,16,11,8,5) identified in the graduate outcomes of health advocate, communicator and medical expert which address these issues.
	
	Formal components of the training program include
	• the compulsory webinar participation and written assignments of the indigenous health and cultural competence learning sets;
	• central links with AIDA and TeORA and jurisdictional links with annual and ad hoc seminar/conference presentations;
	• specific inclusion of indigenous health care topics in Oral Examination scenario-setting.
	
	Plans for increased formal attention to cultural competence and indigenous health care issues include
	• Prioritising these issues in the workplan of the Curriculum Steering Committee for 2018 and 2019 (**APPENDIX 2.1_9**):
	  ○ Review of learning objectives
	  ○ Educational resource kit
	  ○ Review of outcomes of existing webinar and assignments' program.

7.1.3 The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Maori trainees.	It is anticipated that specific attention will be paid to this Education and Training Committee concern for recruitment of medical practitioners of indigenous background as an issue for implementation at the level of planning meetings of Jurisdictional Co-ordinators of Training. (**APPENDIX 2.1_10** JCT meeting notes August 2018).
8.2.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and: …… • 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 provision of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Maori in New Zealand	

Standards summary addressing Medical Council of New Zealand criteria for Re-Accreditation

The AMC noted that new standards have been introduced in June 2016 relating to the New Zealand Medical Council's criteria for assessment of Specialist Medical Training. The following table has been prepared to assist in consideration of the extent to which RACMA has addressed these standards. Note that the summaries concerning Standard 3 are repeated from Table 0.1_1.

Table 0.1_2 Medical Council of New Zealand stnadards

Standard	RACMA response

3.2 Content of curriculum - Cultural competence
 	
Training program will demonstrate respect for cultural competence and identify formal components of the training program that contribute to the cultural competence of trainees.
 	
3.2.9 The curriculum develops a substantive understanding of indigenous health, history and cultures in Australia and New Zealand as relevant to Medical Administration
 	
3.2.10 The curriculum develops an understanding of the relationship between culture and health
	RACMA has respect for cultural competence and indigenous health as outlined in policies and position statements in 2012 (**APPENDICES 2.1_2 AND 2.1_3**) and re-newed in draft Indigenous Health policies, committee terms of reference and actions plans (**APPENDICES 2.1_4, 2.1_5, 2.1_6, 2,1_7, 2.1_8**)
	
	The RACMA Medical Leadership and Management Curriculum currently has learning goals (15,16,11,8,5) identified in the graduate outcomes of health advocate, communicator and medical expert which address these issues.
	
	Formal components of the training program include
	• the compulsory webinar participation and written assignments of the indigenous health and cultural competence learning sets;
	• central links with AIDA and TeORA and jurisdictional links with annual and ad hoc seminar/conference presentations;
	• specific inclusion of indigenous health care topics in Oral Examination scenario-setting.
	
	Plans for increased formal attention to cultural competence and indigenous health care issues include
	• Prioritising these issues in the workplan of the Curriculum Steering Committee for 2018 and 2019:
	  ○ Review of learning objectives
	  ○ Educational resource kit
	  ○ Review of outcomes of existing webinar and assignments' program.

8.2 Training sites and posts The education provider is required to inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.	The RACMA Regulation for site accreditation (**APPENDIX 8.2_1**) has four appendices, now provided as **APPENDIX 8.2_1.1 – APPENDIX 8.2_1.4**). In **APPENDIX 8.2_1.4** the conditions and expectations for withdrawal of accreditation are outlined. These will be updated following consultation with the MCNZ on the correct processes to be followed in this event.
9.1 CPD to meet NZ Medical Council requirements for recertification. Requirement that the following elements need to be defined: • Categories of practitioner with numbers undertaking RACMA recertification program • Categories of practitioner not enrolled • Confirmation that recertification program available to non-member vocational scope of practice medical officers • Details of required hours per year • Details of evaluation of whether practitioners are meeting the requirements • Information on regular practice reviews, credentialling • Respect for cultural competence and formal components of recertification program • Inclusion of medical audit, peer review and continuing medical review	The recent RACMA CPD Handbook (**APPENDIX 9.1_3**) outlines the requirements for medical practitioners for continuing registration in Australia and recertification in New Zealand. A renewal of the Policy for Continuing Professional Development has been drafted for endorsement by the Board in October. (**APPENDIX 9.1.4** Draft Policy for Continuing Professional Development) Respect for cultural competence and its inclusion in the formal components of the CPD program awaits activity which is planned for 2019 and 2020 in the workplan of the Curriculum Steering Committee. (**APPENDIX 2.9_1**)

9.3 Remediation

Details to be included:

- RACMA processes for reporting to the MCNZ on compliance with CPD requirements
- RACMA processes for managing compliance
- Notification of competence concerns

Details of non-compliance policies and protocols awaits further consultation with the MCNZ.

10.1 Assessment framework Specialist International Medical Graduates

Requirements:

- Assessing equivalence against FRACMA
- Notifying MCNZ if competence concerns arise during the assessment
- Identification of gaps and types of activities which would address deficiencies
- Advice on completion of tasks during provisional vocational period of registration
- Ensuring reports meet obligations for administrative and privacy law
- Advice on content of vocational practice assessments.

The RACMA Policy for Assessing International Medical Graduates (**APPENDIX 10.1_1**) recognises that the MCNZ has the statutory role of determining whether an IMG applying for registration in a vocational scope of practice:

- Is fit for registration;
- Has the prescribed qualification
- Is competent to practice within that scope of practice.

The workplan for the SIMG Committee awaits further advice form the AMC.

Standard 1 The context of training and education

The survey team requested:

- Copies of minutes of the key education committee meetings, in particular, meetings of the RACMA Board, Board of Censors, Education and Training Committee, and Curriculum Steering Committee.
- The position descriptions for the Dean of Education and RACMA Board non-fellow members.
- A copy of the College's risk register.
- A recent de-identified example of an appeal.
- The College's community engagement strategy if available.
- The process for selecting the community advisor on the Education and Training Committee.
- The governance structure for the management of specialist international medical graduate assessments.
- The status of the different instruments referred to throughout accreditation submission, for example, the regulations, business rules, and policies.
- The College's plans for future reviews following 'What we heard' – the RACMA 2015 survey of Fellows and Associate Fellows about their expectations of the fellowship and program delivery.

Terms of reference

The initial submission outlined the governance structure for the College as a whole and for the Fellowship Training program for Candidates for Fellowship of the College (RACMA trainees). Terms of reference for key committees were provided in the initial submission.

Requested copies of minutes are provided here as new appendices: **APPENDIX 1.1_31** Minutes meeting of Board of Censors 4-5 May 2018, **APPENDIX 1.1_32** Minutes meeting of Education and Training Committee 8 June 2018, and **APPENDIX 2.1_9** Minutes meeting and workshop Curriculum Steering Committee 25 August 2018.

Dean of Education

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. The Dean's position description is provided as **APPENDIX 1.1_33** Position description Dean of Education March 2017.

RACMA Board

The role description of Board members (Fellows and non-Fellows) is provided as **APPENDIX 1.1_34** Position description Board Director.

Risk register

The College's risk register is provided as **APPENDIX 1.1_35** Risk register 2018-2019_2

Reconsideration, review and appeals

The College has processes for reconsideration, review and appeals concerning College Office-holder decisions. Examples of requests for reconsideration were tabulated as Table 1.3_1. To date there have been no appeals warranting extensive formal advice.

Community engagement strategy

The College's Community Engagement Strategy is appended at **APPENDIX 1.1_24**.

Community advisor on Education and Training Committee (ETC)

The role of the Community Advisor on the Education and Training Committee is a recent development for the College. The current Community Advisor responded to a selective call for expressions of interest and has been appointed for a one-year term. It is anticipated that the concept will be reviewed as part of the next Board's deliberations in late 2018. **APPENDIX 1.1_36** Position Description Consumer/Community Representative on College Committees.

"What we heard"

'What we heard' was a document (**APPENDIX 1.4_1**) prepared following extensive consultation with members in 2015. In response to its recommendations, the College developed what has become known as the 'Programmatic Approach Project'. The background, planning and initiation of implementation of the programmatic approach to the Fellowship Training Program were noted in the initial submission and outlined in **APPENDIX 3.1_2** Report on Programmatic Learning and Assessment Jan 2018 and **APPENDIX 3.1_3** Business rules for the Fellowship Training Program 2018-2020. Table 1.4_1 summarises the College's activities in response to the recommendations.

Table 1.4_1 What we heard and what we've done

What we heard	What we've done
1. Masters level study is valuable • Encourage better integrating of Masters learning with workplace training • Align College and university requirements where feasible to do so • Supplement Masters with training and e-learning on core topics • Recognise MBA subjects are valuable and relevant to specialist Medical Administrators • Promote fewer, high quality health specific subjects.	The completion of a Master's degree in health service/business management is now a requirement of the Health System Science Domain. There are currently seven core subjects in the requirements. It is a component of the workplan of the re-instated Curriculum Steering Committee that these core subjects be re-prioritised and reduced in number in light of contemporaneous changes in University program offerings, by 2020. The Candidate's supplemental educative e-modules and webinars are subject to annual revision in light of feedback from Candidates and Supervisors
2. Workplace based assessments will add value to final assessment • Strong in-principle support with some concerns • Invest resources to set up and maintain an effective, equitable and quality system of formative and summative workplace-based assessments as a component of assessment for Fellowship.	The Medical Management Practice Domain now requires measurement of performance in supervised medical management practice; in addition to satisfactory performance in a College Oral Examination. The In-Training Assessment Report has become an In-Training Performance Report. The ITPR has options for use of rubrics for measurement of performance. The Training Progress Committee has begun to develop its business rules for the criteria for 'satisfactory' performance in a time-based semester of supervised medical management practice.

3. Unhelpful variability needs reducing

- Training and support of Faculty will reduce unhelpful variability in performance
- Work with Jurisdictional Committees is imperative to improve support for consistent quality of training and networking across the College footprint

Training in the use of the new forms has begun, with webinar for Candidates and Supervisors in June; and face-to-face workshop of 30 Supervisors in September.

4. Rotations add breadth and depth to training

- Expand opportunities available to Candidates to encompass a broader range of training experiences including both different geographic and healthcare settings
- Continue to develop and improve College on-line training options.

The workplace training options for registrars are well-developed as 12-month terms across 3-4 years of full-time training; with options for short term rotations for both registrars and substantive post candidates; for intensive exposure to special topics such as indigenous health services, government policy, information systems etc

5. Greater clarity is required

- Continue to better define and communicate the diverse roles Medical Administrators play in the Australian and New Zealand health systems
- Articulate more clearly for Candidates and Faculty, the program and activity rationale, and the expectations the College has for learning goals, Faculty support, and Candidate output and achievement
- Specify College expectations with accredited training posts and encourage greater understanding of specialist Medical Administrator roles.

The programmatic approach project has defined a new approach to learning and assessment in the Fellowship Training Program.

Candidates entering the FTP prior to 2018 are subject to the 'old' rules i.e. they are expected to have completed all the mandatory requirements of the program prior to sitting the exit Oral Examination. Some may be able to apply for 'transition' status if it will not be disadvantageous for them.

New Candidate entering in 2018 are subject to the 'new' rules which involve performance in four Domains of learning and assessment for eligibility for Fellowship.

6. Modularisation may have benefits

- Modularisation and programmatic assessment may bring longer term improvements to the College training program and warrant more attention

- Existing modules such as the research project are not entirely supported with suggestions made that core module options include 'clinical governance', 'credentialing', managing evidence & knowledge', 'change management', 'innovation', 'service redesign', 'Indigenous Health', 'medico-legal', and' finance, budgets and business cases'.

These suggestions for modules for e-learning in the context of medical management practice have been incorporated in the outline of the Curriculum topics under the heading of workplace skills. (Table 3.3_1 Curriculum at a glance)

The existing Research Training Program has been reviewed and improvements will be implemented as the Research Training Domain activities in 2019.

It is anticipated that more work relating to the topics and objectives for workplace learning and formative assessment will be led by the Curriculum Steering Committee over the next two years. Key issues will be the incorporation of more attention to clinical governance and the role of digital health in health systems thinking; and intensive training of supervisors and Candidates in appropriate methods for workplace assessment.

Standard 2 The outcomes of specialist training and education

The survey team requested more information on outcomes of RACMA training:

- Data on program retention, gender balance and numbers of Indigenous candidates against the program goals.
- The team is interested in how the College's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health. What are the College's plans for developing a formal strategy? What are the College's plans for Indigenous health workforce development?
- The team is interested in how the College is promoting regional fellowship appointments, for example dual College fellows (data provided in appendix 2.2_2, accreditation submission).
- How well are RACMA fellows filling areas of need in medical administration in the healthcare system?
- How does the College ensure the FRACMA is fit for purpose?
- The team notes the College's role competencies detailed on page 34 of the accreditation submission. Does the College have plans to expand the personal and professional leadership development competencies?

Outcomes

In the past ten years there have been some changes to the cohorts of entering Candidates. In 2010-12 there were three groups of Candidates in the Accelerated Pathway (total of 56 doctors), of whom 33 have progressed to Fellowship. The first group had a 100% pass rate in the oral Examination. Some withdrew from Candidacy and some transferred to AFRACMA status. There was one Candidate who identified as indigenous in 2010. This person is now the only Fellow who identifies in the bi-annual census, as indigenous.

By 2013 there were high numbers of registrars joining the program (following success in rural and private settings applications for Specialist Training Post funding). Observation of data on outcomes for 2013-2015 entry Candidates shows that approximately 40% of Candidates complete Fellowship within 4 calendar years from entry, suggesting that there may be high numbers of part-time Candidates in the group.

Currently there are approximately 130 continuing candidates: approximately 1/3 are full-time registrars, 1/3 are full-time in substantive medical administrative posts and 1/3 are in part-time clinical leadership positions.

Data on Candidates entering the training program 2013-2015 are provided in Table 2.1_1.

Reasons for withdrawal from the program include realisation of lack of aptitude for medical administration, opportunities for more lucrative employment in other areas, withdrawal of funding for positions and lack of suitable accreditable posts. Reasons for being on extended leave mostly related to illness of candidates or family-related leave entitlements.

Table 2.1_1 Candidacy outcomes by diversity dimensions, candidates entering 2013-2015

Entry year	Number	Female	Primary degree not AUS/NZ	Fellowship Year and number	Continuing candidate	Reverted to AFRACMA	Withdrawn (Female, Non AUS/NZ)	On leave (Female, Non AUS/NZ)
2013	34	13/34	13/34 (38%)	16/34: 2014-7, 2015-3, 2016-2, 2017-3 2018-1	5/34	2/34	4 (2,1)	7 (2,1)
2014	47	19/47	16/47 (34%)	19/47: 2014-5, 2015-4, 2016-2, 2017-5 2018-3	15/47	1/47	6(3,2)	6(1,3)
2015	31	12/31	14/31 (45%)	11/31: 2015-4, 2016-2 2017-5, 2018-3	15/31	1/31	1(1,0)	3(2,0)

Indigenous health status and Indigenous medical workforce

As outlined in its Constitution and Curriculum, 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.'

While the Fellowship Training Program has identified 'indigenous health' and 'indigenous health care' as topics for education and assessment, to date there has not been explicit recognition of these issues in the College's purpose.

It is expected that a RACMA Board meeting in late 2018 will be considering an enhanced Indigenous Health Policy (**APPENDIX 2.1_4**), the formation of an Indigenous Health Committee (**APPENDIX 2.1_5 TERMS OF REFERENCE INDIGENOUS HEALTH COMMITTEE**), a Maori Health Action Plan Framework (**APPENDIX 2.1_6**), a RACMA Innovate Reconciliation Action Plan (**APPENDIX 2.1_7**) and will be updating its Indigenous Culture Welcomes and Acknowledgments (**APPENDIX 2.1_8**).

The Indigenous Health Policy guides the continuous renewal of the Curriculum and the Fellowship Training Program. The scope of the Policy states that

> 'As part of its commitment to standards and professionalism, the Royal Australasian College of Medical Administrators will take informed and principled positions on the equitable provision of quality healthcare services for the people of Aotearoa New Zealand and Australia'; and that

> 'A Fellowship of the College represents quality in and equity for Indigenous cohorts and acknowledging and actively seeking to remedy the inequities of access, treatment and health outcomes for the cultural cohorts of the Aboriginal, Torres Strait Islanders, Māori and the Te Ao Māori; and the alarming under-representation of these cohorts within the medical administration workforce'.

It is anticipated that specific attention will be paid to this Education and Training Committee concern for recruitment of medical practitioners of indigenous background as an issue for implementation at the level of planning meetings of Jurisdictional Co-ordinators of Training. (**APPENDIX 2.1_10** JCT meeting notes August 2018).

Regional and remote settings

The College's educational activities in the provision of 'Management for Clinicians' workshops and 'Leadership for Clinicians' programs have been welcomed by individuals and by government departments for the past three decades. The NSW, Queensland and Tasmanian Health Departments have specifically commissioned RACMA to provide these programs to clinician leaders in the public sector (particularly those in rural settings) and these have often yielded interested clinicians going on to FRACMA Candidacy.

In recent times the College has been successful in the acquisition of 27 rural and private Specialist Training Program posts across all states and territories in Australia, which have boosted the awareness of the skills of medical administrators.

FRACMA fitness for purpose

The College has been actively involved in extensive change since the introduction of its new Constitution and new Curriculum in 2011, in order to establish the quality of its purpose of 'delivering comprehensive education and training programs' to doctors in medical management posts. It has been committed to annual consultation with candidates and supervisors via surveillance and in its working groups and committee activities, as it continuously adapts its teaching materials and updates its assessment processes.

It is expected that as the Board's current strategic plan (**APPENDIX 1.1_20** Program for Action 2017-2020) is updated with external consultation over the next two years, that the fitness for purpose of the Fellowship Training Program will be assessed.

Personal and professional leadership development

In the re-activation of the Curriculum Steering Committee, special attention is being paid to the enhancement of the learning materials for the competencies identified in the Domain of personal and professional leadership development. (**APPENDIX 2.1_9** Curriculum Steering Committee minutes and notes August 2018)

Standard 3 The specialist medical training and education framework

The survey team sought more information:

- Additional information on how the College addresses accreditation standard 3.2.9 and 3.2.10. Please include how the College addresses the Medical Council of New Zealand's additional criteria for assessment of Australasian training providers, June 2016 for standard 3.2.
- Data on how many research projects have been published over the last four years. Please provide a list of research project topics.
- A description of how the Fellowship training program articulates with prevocational training as well as continuing professional development for both times spent and specific outcomes at the three levels.
- With regard to accreditation standard 3.4.3, how is time in supervised practice assessed? Can time be combined to meet a minimum period or does the period need to be discrete block?
- Does the College have a policy on flexible training? If so, please provide a copy.
- The team notes on page 37 of the accreditation submission, the work of the Curriculum Steering Committee, which was re-activated in 2017, with tasks around the Clinical Governance Framework, digital health and enhanced learning in personal and professional leadership development. How is this progressing?
- The team is interested in what are the core standards expected for the Master's program. How does the College keep abreast of changes to those components of curriculum administered externally?
- The College's 2018 report on Programmatic Learning and Assessment in the Fellowship Training Program highlights potential significant changes to the curriculum. The team will wish to hear more about the progress/work of the Programmatic and Workplace Assessment Working Party (PWAP) which has been formed to oversee the structural changes and timeline business rules that will be need to be introduced for the re-aligned assessments (Appendix 3.1_2, accreditation submission).
- The team notes the RACMA RPL policy is in draft form. When will the policy be finalised? When available, please provide a copy for the team. The team is interested in how the College plans to maintain consistency of RPL decisions.
- The team is interested in the College's plans to make changes to the accelerated pathways in view of change to nature of oral examination (i.e. no longer a final hurdle to fellowship)? Will this impact the level to which RPL is available for those on these pathways?

Curriculum content cultural competency

The RACMA Medical Leadership and Management Curriculum currently has learning goals (**APPENDIX 3.3_1** Goals 15,16,11,8,5) identified in the graduate outcomes of health advocate, communicator and medical expert which address cultural competency in diverse populations. Since 2009 the College has identified cultural competency and indigenous health issues in its regular webinars and educational forums. In 2012 the College participated in activities related to the CPMC's agreement with the Commonwealth concerning medical education activities and the College began integrating these issues into the Indigenous Health Program which still runs as webinars and assignments for Candidates in their first year of training.

RACMA has respect for cultural competence and indigenous health issues in medical administration as outlined in policies and position statements in 2012 (**APPENDICES 2.1_2 AND 2.1_3**) and re-newed and built-upon in its draft Indigenous Health Policy (**APPENDIX 2.1_4**), the formation of an Indigenous Health Committee (**APPENDIX 2.1_5 DRAFT TERMS OF REFERENCE INDIGENOUS HEALTH COMMITTEE**), in the drafting of a Maori Health Action Plan Framework (**APPENDIX 2.1_6**), and a RACMA Innovate

Reconciliation Action Plan (**APPENDIX 2.1_7**); and in its updating of its Indigenous Culture Welcomes and Acknowledgments (**APPENDIX 2.1_8**).

The Indigenous Health Committee will be chaired by an indigenous Fellow and will include an indigenous Candidate. The Indigenous Health Committee will be consulted by the Curriculum Steering Committee in the development of enhanced learning modules in the Personal and Professional Leadership Development Domain. (**APPENDIX 2.1_9** Curriculum Steering Committee minutes and notes August 2018). The Continuing Education Program Committee will be inviting a member of the Indigenous Health Committee to represent cultural competence issues in the deliberations of that Committee. (**APPENDIX 9.1_4** Updated Policy for Continuing Professional Development)

Formal components of the Fellowship Training Program with respect to these issues include:

- the compulsory webinar participation and written assignments of the indigenous health and cultural competence learning sets, usually conducted for Candidates in the first year of training, (**APPENDICES 1.1_22, 2.1_2 AND 2.1_3**);
- central links with AIDA and TeORA, and jurisdictional links with annual and ad hoc seminar/conference presentations. The College executives and/or senior (Jurisdictional) Fellows are involved at least annually with formal meetings and conference presentations with AIDA (Australian Indigenous Doctors Association) and TeORA (Te Ohu Rata O Aotearoa the Maori Medical Practitioners Association of Aotearoa/New Zealand); and
- specific inclusion of indigenous health care topics in Oral Examination scenario-setting.

Plans for increased formal attention to cultural competence and indigenous health care issues include prioritising of these issues in the developing workplan of the Curriculum Steering Committee for 2018 and 2019 (**APPENDIX 2.1_9**):

  - Review of learning objectives,
  - Educational resource kit, and
  - Review of outcomes of existing webinar and assignments' program.

Research topics

The following abstract titles were provided by Candidates for their Oral Presentations of Research Progress in September 2018.

- Staff and GP views on the implementation of Voluntary assisted dying.
- Quality of Health Care for Children in Australian 2012-2013: Tonsillitis and Otitis Media.
- Evaluation of career preferences of Intern groups between 2015 and 2017.
- The impact of simulation training program for junior doctors on management of deteriorating patients in a private hospital.
- An Exploration of the Emotional Impact of the Haematology or Oncology Rotation on Junior Medical Officers.
- Does leadership have an effect on healthcare worker burnout?
- Prevalence of un-rostered overtime and perceptions of support within the PGY1 and PGY2 workforce at a large tertiary teaching hospital.
- Qualitative exploration of enablers and barriers to interagency collaboration from the perspectives of senior managers and executive staff.
- Clinical Outcomes of Conditions Transferred from Rural to RegIOnal / MetRopolitan Hospitals in Victoria, Australia (CORRIdOR)
- Advanced care directives promulgated by the Rapid Response Team (RRT) and the non-RRTs at a large Australian tertiary referral hospital.
- Pilot Study: Can exit interviews help to inform junior doctor workforce trends?
- Caseload Census in Secondary Mental Health Care in Conwy and Denbighshire NHS Trust.
- Does utilisation of alerts and feedback change the timeliness and completeness of discharge referrals at the Royal Hobart Hospital (RHH)?
- Improving patient communication on discharge.
- Frailty- does it matter?
- Role of Objective Structured Assessment of Procedural Skills and E-Portfolio in medical internship.
- Transvaginal mesh: insights on usage and complication rates from a private insurer dataset in Australia.

There have been two publications of projects initiated as RACMA Health services research projects:

Westacott, L., Graves, J., Khatun, M., Burke, J. (2017): Use of medical emergency call data as a marker of quality of emergency department care in the post-National Emergency Access Target era. Australian Health Review https://doi.org/10.1071/AH17089.

Doshi, D. (2018): Improving leadership of health services in rural areas: Exploring traits and characteristics, International Journal of Healthcare Management, DOI: 10.1080/20479700.2018.1491168

Articulation with pre-vocational training

Candidates may participate in training in supervised medical management practice in part-time and full-time pathways. The training year is defined as 46 (NZ) or 47 (Australia) full-time equivalent weeks, excluding annual leave. Medical administration/clinical governance terms conducted during JMO years are 'clinical' and do not accumulate credit for recognition of prior learning for medical administration.

The College has an endorsed Policy for Recognition of Prior Learning and Experience (**APPENDIX 3.3_3**) that is relevant for both registrars and Candidates in substantive posts.

The amount of credit for Master's level study, research activity and time in supervised medical management practice that is identified by assessment of evidence and/or standardised interviews influences the pathway of activities expected of Candidates when they enter the Fellowship Training Program.

The forms used in the interview process are provided here as **APPENDIX 3.3_4** RPLE Assessor evaluation form and **APPENDIX 3.3_5** RPLE Assessors consensus and outcomes. These provide an overview of the conditions and skills which are considered in the assessments. Webinar awareness raising has occurred with existing and new RPLE Assessors (Censors in the category of RPLE Assessor).

Curriculum Steering Committee

Following endorsement of the implementation plan for the Programmatic Approach project (**APPENDICES 3.1_2 AND 3.1_2**) the Curriculum Steering Committee has been re-activated. The minutes from the first meeting of this group and notes from a recent workshop are provided as **APPENDIX 2.1_9**).

Master's programs

The governance of the Master's program with respect to currency is addressed by bi-annual review of the handbooks of the recognised courses and assessment of information about changes provided to the College by the relevant course co-ordinators, by College Office staff in consultation with the Chief Executive and the Dean.

This will now become a function of the re-activated Curriculum Steering Committee which has established a small working party to recommend changes that may now be required following the awareness that has become visible with the implementation of the Programmatic Approach project. (**APPENDIX 2.1_9**)

Customised pathways

Since 2010 the College has had a separation of pathways of activities leading to the Exit Oral Examination. There have been differences in the amount of time that is required to be spent in supervised medical management practice, the number of subjects that must be completed in a recognised Master's degree, the need to demonstrate research competence and the need for attendance at workshops and success in written assignments. The pathway followed has been dependent on recognition of prior learning and experience, and the description of the entering post for training (accreditation status).

Currently there are three pathways, requirements for which are outlined in Table 3.1_2. There are requirements in the pathways that are irrespective of status of post (registrar, substantive medical administration, department head) or part-or full-time nature of post.

Table 3.1_2 Pathways to Fellowship

Requirements	Standard pathway	Clinical specialist pathway	Medical Executive pathway
RPLE	Up to one FTE year	Up to 2 FTE years	Up to 3 FTE years
Three FTE years of supervised medical management practice	Three FTE years of supervised medical management practice	Three FTE years (or Six calendar years at minimum 0.4 FTE) of supervised medical management practice	Continue in medical exec role for 18 calendar months @ minimum 0.4 FTE
Completion of In-Training Performance Reports	Completion of In-Training Performance Reports	Completion of In-Training Performance Reports	Not required
Master's degree	Seven core topics	Five core topics	Not required
Research project	Completion required within 3 years	Completion required within 5 years	Not required
Attendance at specified workshops	Three	Three	Three
Oral presentation of research progress	Required	Required	Oral presentation of management case study
College Trial Examination	Participation	Participation	Participation
Oral Examination	Success	Success	Success

As the Fellowship Training Program transitions to its full Integrated Model much discussion has occurred amongst Candidates, Supervisors, Censors, the Training Progress Committee (of JCTs), the Curriculum Steering Committee and the Education and Training Committee.

It is clear that key factors for success at the MMP Oral Examination are extent of seniority of experience in medical management practice and exposure to a wide variety of topics in the course of that practice.

- There is strong agreement that the minimum requirement for sitting the MMP Oral Examination should be **three** and half FTE years of supervised medical management practice for **registrars**.

- There is agreement that the minimum requirement for completion of the MMP Domain for **registrars** should be **four** FTE years.

- There is agreement that people in substantive medical leadership positions full-or part-time should spend a **minimum of 18 calendar months** in supervised medical management **candidacy** to sit the Oral Examination.

- There is agreement that people in substantive medical leadership positions full-or part-time should spend a minimum of **four** calendar years in supervised medical management practice to complete the MMP Domain.

It has been agreed that the training year consists of 46 or 47 full-time equivalent weeks, and that Candidates who change status (e.g. registrar to substantive post; or full-time to part-time) will need to notify the College and apply for relevant recognition.

Hence, with the capacity for the provision of recognition of substantial periods of prior experience, all candidates will be able to customise their learning to suit their experience. For example, a Specialist International Medical Administrator who takes a post as a registrar may be able to claim some RPLE and complete her/his training in less that four years; an experienced medical leader with 3-4 years RPLE and credit for past qualification, may be able to complete her/his training in 18 months.

At this time the full implications of these consultation ideas have not been debated by the Education and Training Committee. They will be agreed by late 2018, so that there will be full notice given to recruitment activity in 2019, for entry of Candidates in 2020.

It is anticipated that business rules for the awarding of credit for Master degree studies and research/evidence-informed decision-making will also need to be reviewed and agreed at that time. A new Policy for RPLE will be developed by end 2018.

Standard 4 Teaching and learning

The survey team sought more information:

- An example of an annual training plan for both a registrar and candidate in a substantive position.
- Have the College's e-learning modules on Indigenous health been reviewed by AIDA or Te ORA for appropriateness?

Annual Training Plans

Examples of annual training plans have been provided as **APPENDIX 4.2_5** Annual Training Plan sample - registrar and **APPENDIX 4.2_6** Annual Training Plan sample - doctor in a substantive medical administration position and **APPENDIX 4.2_7** Annual Training Plan sample – doctor in a Head of Department position.

e-learning modules on Indigenous Health

When the e-learning modules on Indigenous Health and Cultural Competency were initially developed in 2012, consultation took place with external advisors and Fellows with experience in health management practice in appropriate settings. Appropriate consultation with AIDA and Te ORA will now be implemented as the draft policies on Indigenous Health are implemented, and consultation occurs in the developing workplan of the Curriculum Steering Committee.

Standard 5 Assessment of learning

The survey team requested more information:

- On page 60 of the accreditation submission, the College reports that 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. If available, please provide a copy.
- Is there are limit on re-assessment attempts for College-assessed assignments judged as unsatisfactory?
- A flow chart showing how the College manages remediation of candidates.
- De-identified examples of a case of remediation and a case of discontinuation of training.
- In what circumstances would the College recommend discontinuation of candidacy? If there is a policy, please provide a copy.
- Professor Lambert Schuwirth's review of the oral examination was informative and a number of recommendations were made. Have these been progressed? What are the College's plans for external reviews of other assessment methods?
- The team will seek an update on the new Learning Management System to be implemented in the next two years. Does the College have appropriate technical support?
- The team notes that the 'Policy for Trainees in Difficulty' (appendix 5.3_1), is more about the underperforming trainee and has limited information about a trainee who is in difficulty for other reasons (workplace related, or training related, possible due to external/personal factors). The team will explore the College's role in this process. Or does the College rely on the training sites/employers?

Assessment Policy

The College's Assessment Policy, updated from two previous Assessment Frameworks (2010 and 2012), is provided as **APPENDIX 5.1_3**. It outlines the principles of alignment of assessment methods with intended learning outcomes by Domain and highlights the new role of the Training Progress Committee in 'summative' assessment of satisfactory performance in supervised medical management practice.

Note there are no limits on summative re-assessment attempts for the Research Training Domain. There is a limit of three attempts at the Oral Examination. Should a Candidate wish to re-present for the Oral Examination s/he must apply for a new Candidacy. S/he may be granted recognition of prior learning and a new pathway, with new rules, will be applied. The limit of three attempts in the new candidacy period will also apply.

Remediation and discontinuation

Candidates may be performing poorly for personal, professional or structural reasons. Issues may be raised informally amongst the following personnel or formally at the level of the Training Progress Committee:

- Supervisors/Preceptors
- Candidates
- Jurisdictional Coordinators of Training
- Training Progress Committee (TPC)
- College Office staff.

Identification of the need for remediation can include:

- Discussions with Office staff if to do with training post, training plan, submission of tasks, assessment etc – or changes of Preceptor, taking leave etc,
- Dialogue with Supervisors and Preceptors around training plan or setting additional opportunities for training such as secondments,
- Escalation to the Chief Executive, the Dean of Education, Chairs of the Committees (e.g. ETC/Censor in Chief), Candidates Advisory Committee, and
- Awareness at Training Progress Committee meetings.

Monitoring of the processes around decision-making begins with the Chief Executive who identifies the most appropriate senior staff member or Fellow to be dealing with decision-making.

A sample case of a candidate involved in remediation is appended at **APPENDIX 5.3_3.**

A sample case of a candidate who discontinued training is appended at **APPENDIX 5.3_4.**

Schuwirth review of Oral Examination

The review of the Oral Examination conducted by Dr Lambert Schuwirth (**APPENDIX 5.2_5**) concluded 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. To explore this, the College could revisit/review the assessment/training program as a whole to optimise the combination of assessments and how they lead up to the final election to Fellowship decision."

His discussion contained several recommendations. These are outlined in Table 5.2_2 with Board of Censors' outcomes.

Table 5.2_2 Schuwirth report outcomes

Schuwirth report recommendations	BOC actions
1. Adapt the examination marking sheet to ensure recording of the Examiners scores prior to moderating discussion	The marking sheet at the Oral Examination requires nomination of the Censor's scores before moderating discussion and after the discussion
2. If reliability analyses are to be done, use Cronbach's alpha on the whole examination pooled data.	Cronbach's alpha assessed on pooled data at the Examination over three-four years demonstrated a greater than 0.8 reliability in recent times compared with early (2009) data which were much lower. Decision made to assume a Standard Error of Measurement Unit of 1 mark for each scenario and allow for a lowering of the total score pass mark of 4 marks out of 120 to identify those Candidates who should be considered for a Fifth station on the day of the Examination. Business rules for moderation now include total <68/120 as a criterion for 'Fail'
3. Capture arguments for passing or failing candidates better.	A general rubric with descriptors for assignment of scores for fail, borderline, satisfactory, good and very good has been made available to Candidates and Supervisors on the website since 2012, and it was updated in 2016.

		This rubric has been used in the standard setting of scenarios since 2016. Station-setters are now expected to attach appropriate words to the proposed marking sheets that are customised to the scenarios with specific issues that must be identified or explored.
4.	Identify 'borderline' performance better	The use of the rubric has led to greater satisfaction amongst Censors and training in the rules around criteria for a fifth station have led to greater satisfaction among Candidates and Supervisors.
5.	Improve 'handover' of business rules for analysis of scores in the Oral Examination	Business rules for the Conduct of the Oral Examination are now clearer than in previous years.

The Regulation for the Conduct of the Oral Examination (**APPENDIX 5.2_6**) outlines the rules for declaration of outcomes at the Oral Examination as follows:

The Panel

- Identifies any scenarios that appear to have anomalous scores (very high, very low) or other discrepancy;
- Agrees on weightings to be applied to each station in which there may be anomalies;
- Determines the outcome for each candidate according to the following algorithm:
    - A Candidate has been **successful** if the summed score from both censors is 18 or more out of 30 for each of the four stations (or lower if a pass mark has been lowered);
    - A Candidate has been **unsuccessful** if the summed score from both censors is below 15/30 for two or more stations;
    - A Candidate has been **unsuccessful** if the total of all their scores is below 68/120.

      This score allows for a (pre-agreed) standard error of measurement of 4 marks out of 120 (3%) below 72/120 (60%).

- A Candidate whose outcome is thus neither successful nor unsuccessful will be considered, at the moderation meeting, for granting of the opportunity to present at a fifth station.

- Names are then revealed to ensure that the censors examining a fifth station have not assessed the Candidate in any other station that day, and have no conflicts of interest.

Learning Management System

In 2018, RACMA operates two systems for online candidate education & activity submission.

Candidate education - Canvas

RACMA launched the Canvas online learning management system at the start of 2018. Candidates now use this platform for

- The Induction Module for new Candidates;
- The Indigenous Health Module; and
- Research Training Program abstracts for Oral Presentations.

Canvas offers complete tracking of candidates' activities and progress of activities in the system.

Activity Submission – RACMA Website & MyRACMA (ePortfolio)

RACMA is implementing a new online ePortfolio for Candidates in 2019. The system is still in its final stages of testing. MyRACMA is designed to increase the efficiency of delivering and administering the Fellowship Training Program by bringing all the information pertaining to a candidate and her/his progress through the FTP into one place, including data from Canvas.

Administrators, supervisors, assessment panels can be provided with specific role-based access to the information contained within the portfolio in order to undertake their roles. All the responses given and actions performed by those interacting with the candidate's portfolio are captured by the system and can be leveraged for notifications, reporting and other administrative functions.

The system will, where required, automatically send notifications via email or internal messaging for any event that occurs within the system. For example, if a candidate posts work to be assessed, then the system can notify RACMA staff and the assigned censor that an assessment is required. For the censor this notification could include a direct link to the work within the candidate's portfolio.

The candidate's portfolio will include a summary dashboard, this will allow candidates, their supervisors, their preceptors and RACMA officers to see at a glance, progress through their training pathways. The dashboard will allow users to drill down through various categories to detail on the activity undertaken.

This system will:

- Make it easy for trainees to plan and record their learning and monitor their progress in meeting their learning outcomes;
- Directly integrate with Canvas;
- Streamline the assessment and feedback process for supervisors, preceptors and censors;
- Facilitate the accreditation and administration of accredited training posts;
- Allow trainees to record activities, upload evidence and submit work for assessment;
- Allow supervisors and preceptors' access to selected candidates' portfolios to undertake and record assessments of candidates work and to provide feedback on their plans and progress; and
- Give a range of stake-holders easy access to good, timely information on the progress of candidates and the performance of the Program.

It is noted that staff will be available during the RACMA Committee meetings visit in Melbourne to demonstrate the Learning Management System.

Standard 6 Monitoring and evaluation

The Team sought further information:

- Does the College have an overarching monitoring, evaluation and feedback strategy? If so, please provide a copy.
- The College reports that continual review and improvement processes occur through the Education and Training Committee. The team is interested in specific examples of where this has occurred.
- How does the Board engage in policy consultation with health departments? (accreditation submission, page 80)
- How does the College monitor graduate outcomes, and at what intervals?
- The team is interested in how issues that have been identified in the recent annual surveys regarding research have been addressed (accreditation submission, page 78).

Monitoring and evaluation

The College explained a general approach to monitoring and evaluation in its initial submission. At this time, it does not have a formal monitoring, evaluation and feedback strategy.

Monitoring candidate concerns

The Education and Training Committee meets frequently and considers the reports of surveillance and special investigations. Following consideration of information and data, actions are initiated and reports are requested. In addition to the general issues described in the initial submission, special attention has been paid to Candidate concerns in recent years. About two years ago the members of the ETC received informal and survey reports of dissatisfaction with Candidate processes.

Further information was gathered at Candidate Advisory Committee meetings and open forums with Candidates were conducted by the Chair ETC, the Dean and the Chief Executive. Reports were provided to ETC and the Board, changes were made to communication processes in the College Office and Candidates were invited to be members of planning committees (e.g Research Training). An open forum of Candidates held at the Annual Scientific Meeting was more positive this year concerning Candidate issues.

Monitoring Health Department polices

As identified in the initial submission, the College engages in Health Department consultation by responding to policy consultation documents, meeting on an adhoc basis with Commonwealth and Jurisdictional Health Departments as issues arise and preparing position statements as required. It has formal access to meetings with Commonwealth government officers via participation in meetings of the Australian Council of Presidents of Medical Colleges and the Council of Medical Colleges of New Zealand.

Graduate outcomes

The College monitors graduate outcomes very broadly as it contributes to National Medical training Network surveillance.

Research review

The Research Training Committee has reviewed the Research Training Domain and made suggestions for improvements in the program. (**APPENDIX 6.1_1).** These have now been endorsed by the Board and an implementation plan is being developed, along with a Communication Plan. The principles of learning about health services research have been maintained and more options for evidence-informed decision-making about medical and health service management have been included. This report was provided to the survey team prior to its visit to observe the Oral Presentations of Research Progress in September 2018.

Standard 7 Trainees

The survey term requested:

- Additional information on accreditation standards 7.1.1 to 7.1.5, in particular: How does JCT ensure that recruitment processes are "transparent and fair"? How does the process support increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees? Does the College publish mandatory requirements of the training program? Are exemption policies made clear? Is consistent application of selection policies monitored? How?
- An example of a candidate communique (written by candidates).
- Does the College have a candidate wellbeing strategy? If so, please provide a copy.

Entry to candidacy

Experienced practitioners

As identified in the initial submission, the majority of Candidates who are interested in FRACMA training are doctors in substantive medical administration posts and specialist doctors in clinician leadership positions. Their entry to candidacy is based on their meeting the website criteria for admission, with links:
(https://www.racma.edu.au/index.php?option=com_content&view=article&id=381&Itemid=90)

which are:

- Having a medical degree acceptable to the MBA and the MCNZ for registration,
- a minimum of three years of clinical practice in Australia, New Zealand or a similar setting,
- demonstration of interest and aptitude for leadership and management in the health system,
- and employment in an accredited supervised medical management position.

Applicants complete the application form and provide the required evidence. They may apply for consideration of recognition of prior learning and experience which is conducted by interview using standardised criteria for assessors and standardised questions and assessment rubrics. **(APPENDICES 3.3_3, 3.3_4 AND 3.3_5)**

Registrars

Registrars are recruited following advertisement for accredited posts in annual rounds of JMO recruitment processes (public and private posts are often linked as rotations, or private posts are advertised simultaneously and interviewed separately). The entry criteria are the same and the interview processes are standardised. Similar job descriptions are used, with some customisation for the opportunities for exposure to special topics or special skill development. The panels are formed by the relevant JCT and Fellow supervisors along with relevant Dept of Health officers.

Documents are provided as appendices demonstrating the NSW Health recruitment processes as samples: **APPENDIX 7.1_1** NSW Statewide Advertisement for medical administration registrars' Ad plus JD, **APPENDIX 7.1_2** NSW Medical Administration positions and contacts, and **APPENDIX 7.1_3** NSW Medical Administration registrars' fact sheets

It is expected that this combined process of Dept of Health officers as well as FRACMA supervisors being involved will provide adequate checks on the fairness of the process. This is an issue which has been discussed at RACMA JCT planning days. (**APPENDIX 2.1_10**)

At this time there are no comments made in advertisements concerning targeting of indigenous medical officers. Planning for this is under way. **(APPENDIX 2.1_10)**

Recruitment appeals

Applicants can appeal decisions made by Dept of Health recruitment processes, and existing Candidates are able to appeal decisions by RACMA Fellows on these panels under **APPENDIX 1.3_1** Policy for reconsideration, review and appeal of decisions of College Committees and Officers.

Candidate communiqués

As the College has worked on its revision of its website, communication with Candidates has been a priority. **APPENDIX 7.2_2** is an example of a Candidate newsletter from the CE and **APPENDICES 7.2_3 AND 7.2_4** are examples of notices from Candidates to Candidates.

Candidate wellbeing

While the College does not have a formal policy on Candidate Welfare, it does have a policy for trainees in difficulty (**APPENDIX 5.3_1**), a policy for deferment, taking leave and withdrawal or resignation from the Fellowship Training Program (**APPENDIX 5.3_2**), a regulation for supervised practice in the Fellowship Training Program (**APPENDIX 7.4_1**), a regulation for accreditation of training posts (**APPENDIX 8.2_1**), a policy on discrimination, harassment, bullying and victimisation (**APPENDIX 1.1_23**), a policy on conflicts of interest for College officers (**APPENDIX 1.1_30**) and a policy for reconsideration, review and appeal of decisions of College Committees and Officers (**APPENDIX 1.3_1**); which are designed to ensure the safety, welfare and confidence in the system, of Candidates.

In addition, there are commitments to the Candidate wellbeing in the role descriptions of supervisors, preceptors, executive coaches and jurisdictional co-ordinators. The College's Employee Assistance Program is specifically available to Candidates and they are advised of this. (**APPENDIX 7.2_2**)

Standard 8 Implementing the program – delivery of education and accreditation of training sites

Further information requested:

- An example of the College's 'Supervisor Kit'.
- A document that addresses the Medical Council of New Zealand's additional criteria for assessment of Australasian training providers, June 2016 for standard 8.2.
- A copy of Appendices 1 to 4 of Appendix 8.2_1 – Regulation for Accreditation of Training Posts. The team is interested in the duration of site accreditation and the criteria for "provisional accreditation" versus "accreditation with conditions".
- Notes on prioritising of indigenous health care, on withdrawal of accreditation and on networking.
- An example of an Accreditation Site Visit Panel report.

Supervisors' kit

At this time the College sends a file of relevant information to new Supervisors, along with a copy of the Curriculum, and updates the kit on an annual basis. The kit includes **APPENDIX 8.1_1** Supervisor letter, **APPENDIX 8.1_2** Supervisor Manual 2018, **APPENDIX 8.1_3** Supervisor of training PD rev June 2017, **APPENDIX 8.1_4** Self-assessment chart, **APPENDIX 8.1_5** Core knowledge, skills and behaviours, **APPENDIX 8.1_6** Curriculum study themes, and **APPENDIX 8.1_7** HETI Supervisor handbook.

Supervisor training and consultation is an ongoing task of the Education and Training Committee and it will be continuing with regular webinars and planning for an Annual Supervisor and Preceptor Update workshop. Feedback to supervisors and preceptors is a current topic for consultation. At the most recent workshop (in September) it was suggested that collaboration with our CEPD Committee colleagues might prove useful, as had occurred with the development of a Censor Peer Review process. (**APPENDIX 5.4_3** Censor Peer Review process)

Accreditation of sites

The College's initial submission appended its Regulation for Accreditation of Training Sites (**APPENDIX 8.2_1**). The Appendices to that document are now provided to enhance the description of the RACMA protocols: **APPENDIX 8.2_1.1** Outcomes from accreditation surveys, **APPENDIX 8.2_1.2** Reviews of accreditation surveys, **APPENDIX 8.2_1.3** Responsibilities of partners, and **APPENDIX 8.2_1.4** Processes.

The RACMA site accreditation criteria outline the need for the site organisational structure and function to provide exposure to opportunities for sound learning in medical management practice, communication, collaboration, a range of models of care and in professional medical service provision. It is also clear that good exposure to both city and rural settings is required; and that it is important for Candidates to be exposed to indigenous health care relationships that are culturally sound and safe.

It is noted that at this time those appendices identify that if a site's accreditation is to be withdrawn, that reasonable notice should be given to the Medical Council of New Zealand if that site it in New Zealand. The College is currently consulting with Council on the specifics of the processes to be used to meet this criterion.

In 2017/2018 there were two registrar sites from which accreditation was withdrawn following review by the Accreditation Review Panel. In both cases there was insufficient supervision by a FRACMA.

In one instance, the JCT was able to negotiate an acceptable alternative site for the incumbent registrar. In the other site there was sufficient notice that no Candidate was disadvantaged.

College officers are members of EdNet – a bi-monthly meeting of education officers from Specialty Medical Colleges – at which common accreditation approaches are discussed and information is shared.

An example of a site visit accreditation report is provided at **APPENDIX 8.2_5** Example of a site visit report for a DMS post.

Standard 9 Continuing professional development, further training and remediation

Further information requested:

- A document that addresses the Medical Council of New Zealand's additional criteria for assessment of Australasian training providers, June 2016 for standard 9.1 and 9.3.
- What percentage of fellows are audited in the RACMA CPD program?

Program

Participation in the College's Continuing Education Program has been mandatory for members since 2007 when the RACMA was one of the first Colleges to establish governance around self-directed ongoing professional development. It is currently governed by the Standard for Continuing Professional Development as identified in the initial submission. (**APPENDIX 9.1_1**).

The CEP Committee has recently re-newed its CPD Handbook for 2017-2018 (**APPENDIX 9.1_3)** which identifies the minimum required CPD points for Fellows (50/year) and Associate Fellows (25/year) and the differences for Australian and New Zealand members of the College in terms of the optional and mandatory dimensions as follows:

AUSTRALIA - Fellows are required to achieve a minimum of 50 CPD points and Associate Fellows a minimum of 25 CPD points as follows:
• Mandatory – Professional Development Plan – 10 points
• Optional – Audit / Peer Review however if completed will attract 10 points per activity.
• Mandatory – Continuing Medical Education -

NEW ZEALAND - Fellows and Associate Fellows are required to achieve a minimum of 50 CPD hours:
• Mandatory - Professional development plan – 10 hours
• Mandatory - Minimum of one audit per annum – 10 hours
• Mandatory - Peer review activities - minimum of 10 hours per annum
• Mandatory - Continuing Medical Education – minimum of 20 hours per annum

A new Policy for Continuing Education has recently been drafted (**APPENDIX 9.1_4**) and new terms of reference for the CEP Committee are being presented to the Education and Training Committee in late 2018 for preparation of a 2019-2020 Handbook. Details of non-compliance policies and protocols required under Standard 9.3 awaits further consultation. The draft policy for supervision of non-specialist medical administrators will be confirmed. (**APPENDIX 9.1_5**).

The new Policy for Continuing Education (**APPENDIX 9.1_4**) addresses the NZ Medical Council requirements for re-certification under Standard 9.1. Respect for cultural competence and its inclusion in the formal components of the CPD program awaits activity which is planned for 2019 and 2020 in the workplan of the Curriculum Steering Committee.

All members are subject to an annual certification audit and ten per cent of members are randomly annually assessed for compliance.

It is expected that as the Medical Board of Australia's review of re-validation is finalised that most College's will need to re-new their CEP policies.

Standard 10 Assessment of specialist international medical graduates

Further information requested:

- A document that addresses the Medical Council of New Zealand's additional criteria for assessment of Australasian training providers, June 2016 for standard 10.1.
- Has the College commenced process of recruiting a community representative to SIMGs assessment panel? If so, please provide an update.
- Does the College assess area of need?

Policy for assessment of specialist international medical administrators

The College has a Policy for assessing international medical graduates seeking specialist recognition and RACMA Fellowship (**APPENDIX 10.1_1**) as identified in the initial submission.

In response to the Deloitte Review the College is preparing for re-newal of the Policy by the end of 2018 (**APPENDIX 10.1_3**). It will specifically incorporate the NZMC criteria by recognising that the MCNZ has the statutory role of determining whether an IMG applying for registration in a vocational scope of practice:

- Is fit for registration;
- Has the prescribed qualification/experience; and
- Is competent to practice within that scope of practice.

It will also refer to the Area of Need issues for Australian settings as outlined in its draft Policy for Area of Need Assessments. (**APPENDIX 10.1_4**).