Programmatic Learning and Assessment in the Fellowship Training Program

Final Report

January 2018

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EXECUTIVE SUMMARY

In response to revisions in the Australian Medical Council's Standards for Accreditation of Specialist Medical Colleges (2015) and observations made by external education consultants; the Education and Training Committee of the RACMA Board has conducted several consultations with Fellows and Candidates over the past three years to address Programmatic Learning and Assessment in the Fellowship Training Program.

The RACMA training environment is continuing its transition from a progression model of *delivery of teaching and stepwise achievement of standards* to a model of monitoring of an *integrated self-directed approach to learning* in the workplace.

It has been reiterated that the Fellowship Training Program has four domains of learning and assessment, and they have been named:

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

It has been agreed that candidates must perform 'satisfactorily' in each Domain, within simultaneous specified time periods, in order to be eligible for membership of the College in the category of Fellow.

RACMA candidacy may be conducted in accredited posts on a part-time (at least half-time) or full-time basis. Candidates will continue to be recruited into registrar positions of twelve-month rotations, with the expectation that the program, as a registrar, will take three-four years to complete. Medical Officers who apply for Candidacy from substantial leadership positions may be able to complete the program in less than four years, depending on recognition of prior learning or experience (including claims for exemption from mandatory workshops in the event of Associate Fellowship of RACMA education in the two years prior to Candidacy entry).

Summative assessment activities will be aligned appropriately with the learning objectives in each domain, and be assessed as satisfactory within timeframes as follows:

- In the Health System Science domain, it will continue to be 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 will continue to be 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 will be required that three full-time-equivalent years of successful participation in identified formative learning activities is demonstrated; within a maximum of eight calendar years of commencement of candidacy;

- In the Medical Management Practice domain, it will be required that

  o *competence in* (beyond 'experience of') supervised medical management practice will be achieved and maintained for a minimum of three full-time equivalent supervised practice years and a maximum of eight calendar years from commencement of Candidacy, and

  o satisfactory performance in a nationally organised Oral Examination will be demonstrated within eight calendar years from commencement of Candidacy. Opportunities to sit the National Trial Examination will be offered to Candidates in Year 2 or Year 3, enabling them to sit the Oral Examination in Year 3, Year 4 or thereafter. There will also continue to be a cap of three attempts at the Oral Examination.

The concept of 'years' of training is relevant to those Candidates who are full-time registrars in Medical Administration; as their training posts are considered for accreditation in terms of twelve-month rotations. Substantive Medical Director position holders, Medical Specialists and Medical Executive Candidates are in substantive posts as medical leaders as they enter Candidacy and their recognition of prior learning and experience may impact on reducing the length of time, in years, that they would be considered to be in training.

The key structural shifts that are now required are

- increased accountability in workplace observation and feedback with the development of a *program* of activities in each six-month term that are aligned with the learning objectives of the MMP domain and the PPLD domain in that site;
- re-aligning the existing mandatory MMP and PPLD assignments that are marked by external panels, to this workplace program; and
- elimination of the hurdle of tasks that must be completed for eligibility to sit the Oral Examination as an exit event.

This document outlines the background to the revised structure for assessment for- and assessment of- learning in the Fellowship Training Program and identifies a new 'calendar' for activities for Candidates in all Pathways. Candidates, including registrars, will enter the Training Program with varying levels of recognition of prior learning, and exemptions from completion of assessment tasks. See summary Tables 1 and 2.

A time-limited working party, the Programmatic and Workplace Assessment Working Party (PWAWP) has been formed to oversee the structural changes and timeline business rules that will be needed to introduce the re-aligned assessments, for Candidates commencing in 2018, and for the transition without disadvantage, of candidates already enrolled in the various pathways for Candidacy.

Programmatic learning and assessment

Summary Table 1 Formative and summative assessment activities in the Fellowship Training Program from 2018

Stage and domain	Formative assessment activities	Workplace summative tasks	College Examinations
Year 1 Health system science	Masters assignments RACMA Workshop		Completion of Master's courses
Medical management practice	Learning sets Assessed observation and feedback in accredited posts	In-Training Performance forms	
Research Training	Research assignment		
Personal and professional leadership development	Leadership discussions	In-Training Performance forms	
Year 2 Health system science Medical management practice	Masters Assignments Indigenous health module Learning sets Assessed observation and feedback in accredited posts College Trial Oral Examination	In-Training Performance forms	Completion of Master's courses
Research training			Satisfactory oral presentation of research progress
Personal and professional leadership development	RACMA Workshop Leadership discussions	In-Training Performance forms	
Year 3/ thereafter Health system science	Masters assignments		Evidence of completion of Master's degree
Medical management practice	RACMA Workshop Learning sets Assessed observation and feedback in accredited posts	In-Training Performance forms	Success in MMPP Oral Examination
Research training			Satisfactory written presentation of research outcome
Personal and professional leadership development	Leadership discussions	In-Training Performance forms	

Summary Table 2 Calendar of College activities from 2019

	Feb/Mar/Apr	May/Jun	Jul/Aug	Sep	Oct/Nov	Dec
Year 1	Workshop 1		ITPs due	Research webinar assignment due		ITPs
Year 2	Research Proposal due	Workshop 2	ITPs due		College Trial Oral Examination Oral presentation Research progress	ITPs
Year 3/4	Workshop 3		ITPs due Oral Examination		Written research	ITPs

BACKGROUND

RACMA training and certification

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[1]. The Fellowship Training Program 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 practice, to the level of specialist recognition. The College also offers membership from participation in an Associate Fellowship educational program (Leadership for Clinicians) and it also offers several Management for Clinicians continuing professional development workshops for interested practitioners.

The RACMA Fellowship Training Program requires the completion of the *program* of an acceptable University Master's Degree (Level 8 Higher Education standard) in addition to satisfactory involvement in an Australian Medical Council-accredited prescribed competency-based *program* of supervised medical management practice experience, learning and assessment[2].

Completion of both these programs of study signifies eligibility for membership of the RACMA in the category of Fellow and maintenance of this 'Fellow'ship status is the recognition required by the Medical Board of Australia for maintenance of specialist registration in the specialty of Medical Administration.

Candidates may enter the Training Program as registrars (generally full-time), with medical registration in Australia or New Zealand, and three years of clinical practice in health systems similar to those of Australia and New Zealand. At this time there are approximately 50 Candidates in medical administration registrar posts (approximately 28 in Specialist Training Posts and Integrated Rural Training Pipeline posts).

They may also enter as consultant medical officers in another specialty with management and leadership responsibilities (generally half-time). At this time there are approximately 50 Candidates in this category.

And they may enter from other medical leadership substantive positions (such as medical superintendent, director of clinical governance, clinical information officer). At this time there are approximately 20 Candidates in this category.

Individuals are assessed for their eligibility for the pathway of Fellowship Training and credit may be granted for previous learning and experience. Special requirements may be applied for individuals to complete their personal plans for satisfactory completion of the Program.

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[1] AMA Education Consortium (2017): Health Systems Science. Eds Skochelak, S and Hawkins, R.
[2] Powell,D.E., Carraccio, C. (2018): Toward competency-based medical education. NEJM 378:1 (3-5)

History of alignment of training and assessment

The College has had a Medical Leadership and Management Curriculum which guides learning in role competencies (adapted from the CANMEDs Framework[3]) relevant to the development of the functions of a specialist medical administrator, since 2011. These competencies are similar to the six core domains of the American Medical Association Education Consortium's Health Systems Science curriculum, and its one linking domain of Systems Thinking[4].

The eight role competencies of the specialist medical administrator in Australia and New Zealand are: medical expert, manager, advocate, collaborator, communicator, scholar, professional and leader, and these are designated as the graduate outcomes of the Fellowship Training program.

There are approximately thirty learning objectives (key goals) in the RACMA curriculum and each has a set of relevant knowledge, skills and behavioural learning objectives.

The RACMA has also had an Assessment Framework document since 2011 which has outlined its commitment to constructive alignment[5] of identified formative and summative activities and examinations, with the expected curriculum outcomes. To date these formative activities have been assessed at levels based on the Dreyfus[6] model of competency development, and the summative activities have been designed to be consistent with the concepts of the hierarchy of Miller's pyramid[7]. Trainees are assessed to have met a standard of requisite knowledge of health system topics (they 'know') and of health system tasks (they 'know how'); that they perform in the health care management workplace with skill (they can 'show that they know how') and that they behave as professional specialists in their field (that they 'do'…well!).

The formative activities in the existing RACMA Assessment Framework include nationally organised receipt of in-training observation reporting, portfolio exercise (logbook) feedback and College Oral Examination Trial outcomes. In addition to completion of three years of experience in accredited training posts, several College-coordinated summative assessment tasks relative to all Domains, such as case studies and oral presentations have been required to be satisfactorily completed (or be near completion) for eligibility to present for the Pre-Fellowship Examination (an exit viva voce examination). Completion of the Master's degree has also been a simultaneous pre-requisite. Success in the Pre-Fellowship Examination has been the key summative assessment requirement for completion of the Fellowship Training Program.

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[3] 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
[4] Ibid (1)
[5] Biggs, J. and Tang, C.C (2007): *Teaching for quality learning at university: what the student does.* McGraw-Hill England
[6] Dreyfus, S (2004): The five-stage model of adult skill acquisition. Bulletin of Science, Technology and Society 24(3): 177-181
[7] Miller, G.E. (1990): The assessment of clinical skills/competence/performance. Academic Medicine 65:S63-S67

In 2014, as a component of RACMA's regular review of assessment processes, Prof Lambert Schuwirth[8] was asked to review the reliability and validity of the RACMA assessment activities, particularly the summative exit Pre-Fellowship Examination. In his report, Prof Schuwirth identified the changes needed to enhance the quality of the Pre-Fellowship Examination in terms of its fitness-for-purpose and suggested that its place in the assessment framework overall, be reviewed. He suggested greater rigour in our workplace-based observation and feedback activities and their incorporation into a program of multiple measures of competency.

These suggestions were followed and in late 2014, the College renewed its Assessment Framework. It identified that it was delivering Teaching in four learning `programs':

- The Medical Management Practice Program (the Medical Manager)
- The Research Training (Scholar) program;
- The Leader Program (and some thought had been given to inclusion of the role competency of Professional); and
- Enhancement to the Master's study program.

Further documentation identified the nationally organised workshops and on-line learning modules, webinars and learning sets that were mandatory and optional, and expanded on the need for submission of bi-annual reports of observation and feedback by workplace-based supervisors in a templated In-Training Assessment Form.

In addition, the summative oral presentations and written reports that were required as part of the Research Training Program were included in the Board of Censors' Assessment Framework.

This 2014 Assessment Framework introduced the concept that RACMA had adopted a Programmatic approach to assessment in the Fellowship Training Program.

The Framework outlined the presence of a programmatic approach to trainees' workplace based **formative learning** i.e. that multiple observations and discussions between Candidates and Supervisors took place during a workplace rotation, and these were synthesised to inform judgements about workplace skill development in In-Training Assessments. It continued to identify the participation in these activities, as well as completion of the management Master's degree as **eligibility criteria** for attempting **the exit Pre-Fellowship Examination,** hence these activities were, in, summative activities.

In August 2015, the Education and Training Committee, following receipt of the report *"What we heard[9]"*, agreed to re-structure the Curriculum into a **more programmatic model** of **formative and summative assessment** in the Fellowship Training Program.

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[8] Prof Lambert Schuwirth – Professor Medical Education, Director Prideaux Research Centre, School of Medicine, Flinders University
[9] Frost, G, Sebastian, A and Ziv, I (2015) What we heard. RACMA Fellowship Training: sharing results from a 2015 review of how the College delivers Fellowship Training.

Definition of Programmatic Assessment

Programmatic assessment is focused on aggregated learning outcomes which are identified for an entire program of education, such as a medical school program, or a College training program; and the term is also used for single courses or module that are major components of them.

In the abstract of their 2015 article 'Twelve Tips for Programmatic Assessment'[10], Van der Vleuten, Schuwirth, Driessen et al have provided a succinct description of programmatic assessment in the context of vocationally based medical education:

> *Programmatic assessment is an integral approach to the design of an assessment program with the intent to optimise its learning function, its decision-making function and its curriculum quality-assurance function.*
>
> *Individual methods of assessment, purposefully chosen for their alignment with the curriculum outcomes and their information value for the learner, the teacher and the organisation, are seen as individual data points.*
>
> *The information value of these individual data points is maximised by giving feedback to the learner. There is a decoupling of assessment moment and decision moment. Intermediate and high-stakes decisions are based on multiple data points after a meaningful aggregation of information and supported by rigorous organisational procedures to ensure their dependability.*
>
> *Self-regulation of learning, through analysis of the assessment information and the attainment of the ensuing learning goals, is scaffolded by a mentoring system.*
>
> *Programmatic assessment-for-learning can be applied to any part of the training continuum, provided that the underlying learning conception is constructivist.*

They have proposed a model that identifies multiple assessment data points (information sources) measuring knowledge, skills and affective areas, with a strong workplace focus, grouped according to the core domains (roles) to be assessed and these data are aggregated by those domains to achieve an overall program position over time.

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

The Programmatic Assessment Project

The Education and Training Committee initiated workshops and consultations across 2016[11] to raise awareness and gain opinion on the implications and costs of implementation of an enhanced Programmatic learning and assessment strategy.

It was clear that we needed to restructure the Fellowship Training 'Program' into identified sets of activities and tasks by 'program'; continue the recording of success in the Master's degree 'program' AND *increase the accountability* of our workplace activities into a 'program' of activities within the relevant learning and assessment 'programs' that were conducted there.

The key revision in the Assessment Framework that was most controversial was the change for the Oral Examination, of its status as the Exit Examination to one of its status **as a major component of the assessment of success in the Medical Manager role competency.**

This shift was seen as a major step for the Fellowship Training Program and it was emphasised by supervisors and censors that while it should be the approach, that such a shift should not occur until workplace-based observation and feedback *had been strengthened*, and **success in the workplace,** (not just experience in the workplace) had been embedded.

This document outlines where we are now and whence we need to be going, in a comprehensive approach to programmatic learning and assessment in the Fellowship Training Program; and the transitions that will be needed in the committee structure of the RACMA Board, in the organisational structure of the College Office, in the entry requirements for training, in the activities of the fellowship teaching delivery and in the commitments of 'supervisors' in training sites; for achievement of continuing improvements in our accountability in our training.

In addressing this change to the summative assessment of the Medical Manager, the opportunity has been taken to also make changes to the requirements for success in the Scholar competency and those related to personal and professional leadership; and to address the training calendar prospectively.

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[11] May 2016: Faculty Strategic Workshop and meeting of the Board of Censors; and July 2016: Curriculum workshop.

EXISTING CURRICULUM AND ASSESSMENT FRAMEWORK

Existing medical leadership and management curriculum

The RACMA curriculum has been structured to address eight competency roles (graduate outcomes) of Fellows of RACMA:

Medical Leader	Health service manager
Medical expert	Scholar
Advocate	Communicator
Collaborator	Professional

In the RACMA Curriculum (initially published in 2011) these eight competency areas have thirty-three key goals (learning objectives). For each of these goals there are essential knowledge topics, and skills, behaviours and attitudes for candidates to have mastered during their training periods.

The RACMA training website outlines a list of study themes which is updated periodically and the printed curriculum (also available separately on the website) identifies in its 'Table 3', a set of workplace activities which could be used for assessing trainees' ability to demonstrate that the learning objectives have been met adequately.

These tables have been used to guide workplace-based learning in training posts for RACMA trainees. The accreditation of sites process has sought out the posts' capacities to provide opportunities for these Table 3 activities to be conducted by candidates, and the availability of suitable people to observe and provide feedback to candidates.

Figure 3 demonstrates the format of the component of 'Curriculum Table 3' for the role competency of 'Manager'.

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Adopt a systems approach to all management tasks			Participate in a unit or divisional annual budget building process Be actively involved in the preparation of your health care system's accreditation submission.	Manage a work unit. Review a monthly unit or divisional budget. Manage a unit or divisional annual budget building process. Be actively involved in the preparation of your health care system's accreditation submission.	Report on all Manager activities each six months In your training assessment report. Have your supervisor sign off observations about your performance.

Figure 3 Example of skills in a curriculum learning objective for the program outcome of 'Manager'.

The In-Training Assessment form is completed every six months, and is based on candidate and supervisor assessment of learning status in the learning objectives of each role competency. It is based on supervisor observation of tasks. The time has now come to formalise the syllabŭs and assessment structure for greater accountability for success in the supervised medical management practice domain, across all sites and posts. 'Suggestions' will become mandatory activities. Sets of activities will be assessed by workplace training- and other supervisors, for the candidates' levels of competence and these assessments will be recorded in a training logbook, which will be used as the basis for completing the ***In-Training Performance*** form.

Current learning domains

The College has traditionally organised the delivery of learning opportunities to enhance the formal study undertaken by trainees in their Master's degree activities, in preparation for the exit Oral Examination.

Since 2012 these learning opportunities have been expanded into annualised workshops covering the four areas of:

- Health and medical management theoretical and applied knowledge (core topics of which are the Australian and New Zealand health systems, health law, epidemiology, health informatics, health finance and clinical governance);
- Medical Management Practice (addressing medical expertise and health service management ability);
- Leadership and professionalism (addressing leadership, advocacy prowess, communication mastery, collaboration adroitness and professionalism competencies); and
- Scholarship (addressing health services evaluation research).

Table 3 Learning programs 2012-2017

Stages of study	Health system science	Medical Management Practice	Leadership and professionalism	Health services research
'Novice' (Yr1 and 2)	Master's study Medical leadership and clinical governance systems workshop Jurisdictional tutorials	Annual training plan Workplace based observation and feedback Learning sets	Learning sets Interact webinars and E-modules Indigenous health module	Health Services Research webinar
'Advanced beginner' (Yr2 and 3)	Master's study Workforce engagement and performance workshop Jurisdictional tutorials	Annual training plan Workplace based observation and feedback Learning sets (Mini MEx workshop?)	Reflective journal writing Learning sets Interact and E-modules	Research conduct supervision
'Competent-Proficient' (Yr3 & 4)	Master's study Advanced medical management and leadership workshop Jurisdictional tutorials	Annual training plan Workplace based observation and feedback Exam prep learning sets Trial Exams	Learning sets Peer assessed audits Interact and E-modules	Research completion Report writing

These activities have been timetabled into annual training calendars and had been structured to address learning needs at the novice, advanced beginner and competent-proficient levels as outlined in Table 3.

The time has now come for the learning expertise to be assigned to the candidate rather than the activity and for the assessment of achievement in skills to become quantified and recorded.

Existing assessment tasks

Summative assessment tasks have been timetabled into academic years as outlined in Table 4. It is clear, that at this time, the Oral Examination is an overall Exit Examination for all learning programs; it is even called the "Pre-Fellowship Examination".

Table 4 Timetabling of summative assessment tasks

Stages	Health system science	Medical Management Practice	Leadership and professionalism	Health Services Research
Pre-requisite criteria for entry to the FTP	Meet criteria for accredited University program (external)	3 years medical practice AHPRA registration	Interviews and references for confirmation of aptitude and recognition of prior experience	Credit for prior learning
Yrs 1 and 2	Master's assignments (external)	Completion ITA forms as evidence of experience Participation in Medical leadership and clinical governance systems workshop Maintenance of a portfolio (with some mandatory assignments)	Completion ITA forms	Endorsement by RACMA NEAF/LNR approval
Yrs 2 and 3	Master's assignments (external)	Completion of ITA forms as evidence of experience Maintenance of a portfolio (with some mandatory assignments)	Completion ITA forms Participation in Workforce engagement and performance (communications) workshop	Oral presentation of research progress
Yrs 3 & 4	Master's assignments (external)	Completion ITA forms as evidence of experience Participation in Advanced medical management and leadership (Pre-Fellowship) workshop Maintenance of a portfolio (with some mandatory assignments) Participation in National Trial oral examination	Completion ITA forms	Research based written paper
	Pre-Fellowship Oral Examination			
Eligibility for Fellowship	Completed Master's study	Pass in Oral Examination		

It has been agreed that the Oral Examination is an appropriate format for assessment of learning in medical management practice, and that in addition, there are several ways of assessing leadership, advocacy, professionalism and scholarship.

The time has now come for a shift in the status of the Oral Examination from that of an exit examination to that of a component of a domain.

Assessment in the existing RACMA Fellowship Training Program

The key AMC standards[12] relevant to this component of the FRACMA process i.e. Standard 2- The outcomes of specialist training and education; and Standard 5- Assessment of learning; are attached as Appendix 1.

Many elements of a sound program of both formative and summative assessment of RACMA Candidates' learning and performance have been incorporated into the Fellowship Assessment Framework over the past decade.

They are:

- the existence of curriculum learning objectives for each role competency;

- the fitness-for-purpose of formative and most summative assessment activities;

- the availability of opportunities for multiple constructivist formative activities;

- a supervisor/mentor/coach system; and

- a combination of outcomes of some tasks for certification purposes.

However, it has now been identified that there is room for improvement in the way we think about accountability within our programs of learning and assessment; and specifically, in standardisation of accountability in workplace-based observation and feedback within the Medical Manager role competency.

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[12] AMC (2015) Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015

NEED FOR CHANGE

There were three clear limitations in our existing Assessment Framework:

- The Pre-Fellowship Examination's status as an exit examination;
- The difficulties experienced by candidates who were 'isolated' (either because they were unable to fit their Master's study with work and family commitments; or because they were unable to be exposed to the full complement of experiences needed to prepare for the exit examination); and
- The noted variability in quantity of workplace-based observation and feedback from post to post.

Key tasks of the 'programmatic assessment project' were, then, to

- Confirm the learning and assessment (sub-) program role competency groupings, and agree on their components in terms of knowledge, skills and attitude-based learning objectives;

- Create a matrix demonstrating how each learning and assessment program could be informed from various assessment sources and each assessment activity could be used to inform about several competency programs;

- Review the existing list of workplace-based learning exercises currently linked generally to learning objectives and suggest a structure for workplace-based observation and feedback (formative assessment for learning) for the RACMA role competencies including assessment of reflective professional development discussions;

- Agree standards for acceptable levels of performance and progress in workplace activities;

- Identify the summative 'measurement moments' that will contribute to certification assessments of learning;

- Maintain an Oral Examination and convert its status to that of a component of a Domain, with an agreed role description and new set of business rules; and

- Suggest a new Assessment Strategy that fully meets the rigour required of a sound education program in medical administration while simultaneously meeting the standards for Australian Medical Council accreditation of our Fellowship Training Program.

GOVERNANCE FOR FELLOWSHIP TRAINING PROGRAM

Programs

It is now proposed that we consider the curriculum learning objectives, the learning opportunities and our formative and summative assessment tasks, in terms of four groupings of the eight RACMA competencies (graduate outcomes) as follows:

- Health System Science (HSS) – Medical Expert
- Medical management practice (MMP) – Medical Manager and Communicator;
- Research training - in health service research (RT) – Scholar; and
- Personal and professional leadership development (PPLD) – Leader, Professional, Collaborator and Advocate.

The College will continue to identify core study themes to be included in the acceptable Master's degrees and monitor the University assessment of progress in the candidates' studies.

The College will continue to oversee its own formative and summative assessment activities and require satisfactory progress in learning to be demonstrated in the MMP, the RT and the PPLD Domains.

Board of the RACMA

Oversight of the Fellowship Training Program will continue to be a function of the Education and Training Committee of the RACMA Board.
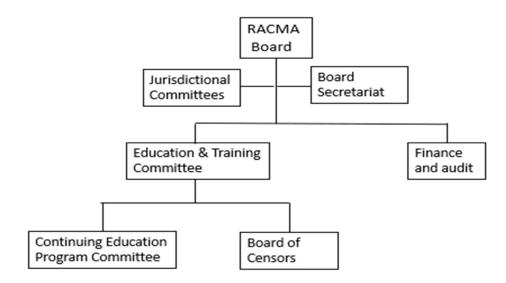

Figure 4 RACMA Board Constitutional Committees

Committee structure of the Education and Training Committee

The functions of the Education and Training Committee of the Board are:

- Training and education strategy;
- Monitoring of the Fellowship Training Program teaching, learning and assessment; and
- Receipt and endorsement of regulatory reports.

The committees reporting to the Education and Training Committee, and their functions will be:
- Candidate Advisory Committee
- Curriculum Review Committee (re-activated)
    - Fellowship training program workshops (and their alignment with AFRACMA)
    - Design of workplace learning activities

- Accreditation Review Panel (continuing)
    - Accreditation of posts

- Research Training Program Committee (continuing)
    - Oversight of learning and assessment for Research Training Program
        - Credit review panels
        - Formative feedback panels
        - Summative assessment panels

- **Personal and Professional Leadership Development Program Working Party/Committee** (new, time-limited)
    - Oversight of learning and assessment for personal and professional leadership development

- Training Progress Committee (past Progression Committee)
    - Accreditation of candidate term performance
    - Recommendations for remediation for trainees in apparent difficulty

- **Rural Advisory Group** (new)
    - Advice on training issues arising in rural and remote areas

- Board of Censors (continuing)
    - Oral Examination
    - Other summative assessment panels (research, IMG interviews etc.)
    - Recognition of prior learning panels

- **Faculty Board** (new)
    - Receipt of advice on completion of training requirements for final recommendations for Fellowship
    - Oversight of remediation plans for candidates not making progress
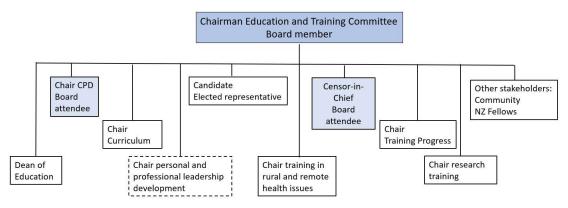   - Recommendations for cessation of candidacy

ETC Membership

Figure 5 Membership Education and Training Committee

There will be a new 'Lead Fellow' role –for the Personal and Professional Leadership domain; and a working party may be needed.

A new Committee will be formed - the Faculty Board. The Faculty Board will be chaired by the Dean of Education and the members will include the Chair of the Training Progress Committee, the Chair of the Board of Censors, the Lead Censor for Research Assessment, and the Lead Fellow for PPLD. It will be a function of the College Office.

This Committee will oversee
- Monitoring processes for Fellowship after receipt of advice on Masters' study completion, and satisfactory completion of summative tasks in each Domain;
- Recommendations for training supervision for entering international medical graduates;
- Remediation activities for candidates who are not performing well; and
- Preparation of reports on candidates whose training programs should be recommended for cessation.

Appeals processes have been developed and will be reviewed for consistency for any and all decisions relevant to Candidate assessment.

PROGRAMMATIC ASSESSMENT AS POLICY

The new Assessment Strategy will articulate an accountable programmatic assessment design for learning and ultimately for certification (Fellowship of the Royal Australasian College of Medical Administrators) which will have the following principles:

- Identification of the acceptable Master's level programs of teaching and assessment which address core health system science topics in the Curriculum;
- Three RACMA-assessed Domains of medical management and leadership learning, each of which will have role competency descriptions (graduate outcomes), learning objectives and study themes related to knowledge, skill and attitude acquisition;
- A constructive alignment of assessment items with each domain's learning objectives i.e. fitness for purpose;
- Provision of syllabũs for each Domain, and agreement on business rules for each formative and summative assessment item (timing, aims, format, marking guides, pass criteria etc.);
- An expectation that systematic supervisor observation and feedback (assessment *for* learning) as well as summative task feedback (i.e. assessment *of* learning) will drive learning.
- An overarching experiential approach and an underlying constructivist approach to knowledge, skill and attitude acquisition for both Faculty Members and Candidates;
- Organisational governance and procedures that ensure separation of supervisor/teacher function from progress decision-maker function; and
- An expectation of trainee development from novice status to competent and proficient status in the identified domains, within specified timeframes.

Program assessment weightings

During successive consultation workshops the overall structure of the Training Program was debated. Because the role competencies of a specialist medical manager are so integral to each other it was considered inappropriate to try to allocate learning weightings to each of the domains. Questions such as 'Should the MMPD have priority over the PPLDD?' and 'What percentage of the Fellowship Training program should be occupied by the RTP?' could not be answered.

In addition, in terms of weighting of assessment there were existing policy commitments to be considered. Because the underlying teaching and learning theory in the Fellowship Training Program had a constructivist approach[13], the Board of Censors agreed in 2012 that the nationally organised Leadership activities at the time (learning set participation, e-modules and, particularly, reflective writing) would not be summatively assessed[14] by examination.

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[13] Kennedy, F., Carroll B., and Francoeur, J. (2013), *Mindset Not Skill Set: Evaluating in New Paradigms of Leadership Development.* Advances in developing Human Resources, 15:10 pp.10-26
[14] Ladkin, D. (2010). *Rethinking leadership: A new look at old leadership questions.* Cheltenham, UK: Edward Elgar.

However, it was noted in the new consultations, that a summative grade could be awarded to evidence of participation and progress in the formative observation and feedback that could be pursued in the workplace; that reflected learning in advocacy, collaboration, professionalism and leadership.

It has been agreed that *compliance with assessment activities* will be the vehicle for PPLD success across the years of supervised medical management practice, and that feedback will be provided using standardised descriptors.

Hence it has been agreed that a trainee must **complete an acceptable Master's degree** for the Health System Science domain and concurrently demonstrate a **'satisfactory' level of learning** in each of the other three Domains to be considered eligible for Fellowship of RACMA and for certification for specialist registration with AHPRA.

Learning in each of the domains will become a more parallel process and will be more consistent with the principles of adult learning - of trainee participation in learning and opportunity planning; and selective competency development. The satisfactory level of learning will be determined by methods consistent with the learning objectives of each of the domains.

Assessment alignment blueprint

RACMA-assessed Domain goals will be assessed formatively and summatively as outlined in Table 5, and the opportunities for assessment will be generally provided by 'years' of training as outlined in Table 6.

Table 5 Program assessment alignment

Domains	Formative activities		Summative activities			
	Masters study RACMA workshops Webinars and assignments	Workplace observation and feedback e-log entries	In-training performance forms	Oral Examination	Oral and written research tasks	Masters study coverage
Medical management practice (MMP)	✓	✓	✓	✓		✓
Research training in health service research (RT)	✓				✓	✓
Personal and professional leadership development (PPLD)	✓	✓	✓			✓
Health system science (HSS)	✓	✓	✓	✓	✓	✓

Table 6 Formative and summative assessment activities in the Fellowship Training Program

Stage and domain	Formative assessment activities	Workplace summative tasks	College Examinations
Year 1 Health system science	Masters assignments RACMA Workshop		Completion of Master's courses
Medical management practice	Learning sets Assessed observation and feedback in accredited posts	In-Training Performance forms	
Research Training	Research assignment		
Personal and professional leadership development	Leadership discussions	In-Training Performance forms	
Year 2 Health system science	Masters Assignments Indigenous health module		Completion of Master's courses
Medical management practice	Learning sets Assessed observation and feedback in accredited posts College Trial Oral Examination	In-Training Performance forms	
Research training			Satisfactory oral presentation of research progress
Personal and professional leadership development	RACMA Workshop Leadership discussions	In-Training Performance forms	
Year 3/ thereafter Health system science	Masters assignments		Evidence of completion of Master's degree
Medical management practice	RACMA Workshop Learning sets Assessed observation and feedback in accredited posts	In-Training Performance forms	Success in MMPP Oral Examination
Research training			Satisfactory written presentation of research outcome
Personal and professional leadership development	Leadership discussions	In-Training Performance forms	

Assessment for entry to candidacy

The College will continue to utilise the services of Censors in the interview processes for Recognition of Prior Learning in the workplace for specialist clinicians and will now also consider offering Credit for recency of AFRACMA workshop participation in terms of attendance at Workshops 1, 2 and 3. The College may also consider the development of an 'entry to candidacy' assessment for registrars, probably taking the form of a standardisation of the interview form and referee reports.

Accreditation of training posts

The existing accreditation of training posts processes will be reviewed for all posts as part of the Specialist Training Post program of review initiated by the Commonwealth Department of Health over 2017-2018 and any suggestions forthcoming will be incorporated into the RACMA processes.

There are 27 posts in 2017 that are funded by the Specialist Training Program (STP) or the Integrated Rural Training Program (IRTP) (out of approximately 130 candidate posts) across New Zealand and all states and territories in Australia.

The Accreditation Review Panel will continuously monitor the outcomes of its existing accreditation processes and progressively strengthen the requirement for demonstration of availability of learning opportunities and the quality of the supervision provided in all posts. It will also review its ability to require that unsatisfactory posts be improved, or de-accredited, without disadvantaging the candidates.

Assessment task gradings

It has been agreed that the definition of 'satisfactory' learning in each Domain will be determined by the outcomes of the summative tasks relevant to them. In workplace rotations, the Candidate will be graded by level of competence – 'novice', 'apprentice', 'competent' and 'proficient', and there will be an expectation of development to at least 'competent' across the years of supervised practice in every graduate outcome. The maximum time allowed for completion of a satisfactory performance in each domain has been agreed, noting that any candidacy activities (such as completion of Masters' subjects, repeating the Oral Examination or resubmitting assignments) must be conducted in conjunction with satisfactory performance in accredited supervised management practice.

In oral or written College summative assessments, the Candidate will be assessed numerically, and a pre-examination standard set score will be applied to those numbers to guide the definition of 'satisfactory'. In the past, there has been variability in the cut-scores amongst the assessments, e.g. to 'pass' the Oral Examination a minimum summed score of 60% was required and to 'pass' some written assignments the required score varied from 50-70%. In future, the 'satisfactory' cut-score for a summative activity will be determined by pre-event standard setting (likely to lie no higher than 60%) followed by post-event moderation. Other items (such as minimum number of sections of an examination) to be passed will be identified in business rules and published with adequate notice.

e-training Log

A key requirement for the Candidate to demonstrate learning in the domains will be the mandatory maintenance of an *e-Training Log* (analogous to the maintenance of Fellows' CPD logs). This Log will include learning activities, workplace observation and feedback forms, mandatory e-module assignments, In-Training Performance assessments and summative assessment outcomes.

The Candidate will be required to log attendance at special seminars or workshops (e.g. in special topics such as disaster management or finance) and participation in RACMA workshops, webinars and learning set activities.

For the MMPD and the PPLDD a suite of workplace management learning tasks and formative assessment exercises, (some of which have previously been options for inclusion in the eMPFolio) will be directly observed by workplace supervisors and their assessments and feedback will be documented in the form of completion of rubrics.

The formative activity outcomes to be included will be supervisor assessments in each six-month (FTE) term, of at least four observed management tasks (OManTs); at least four case-based discussions in Oral Examination format and at least three guided reflections (GRefs) in professional or leadership development. Some of these tasks will be verbal activities and some may be written.

In addition, simulation session scripts may be developed and role playing may be used in some settings (e.g. in jurisdictional workshops). Assessment rubrics will be provided to guide the feedback for these activities, using descriptors such as 'limited', 'adequate' and 'good'; and notes for improvement will be included.

The *e-Training Log* will include new In-Training Performance (ITP) forms, which will assess progress in the MMP and the PPLD domains. The existing form will be enhanced to allow for role competencies to be graded beyond 'competent' to include 'proficient and beyond'. The individual competency development will continue to be self-assessed by Candidates and Supervisors will add their comments. There will be an expectation that candidates will achieve at least 'competent' level in all role competencies by the end of training. *e-Training Logs* will be made available to the national Training Progress Committee discussions for endorsement of the terms/rotations as 'satisfactory'. *e-Training Logs* will also carry the outcomes of all College summative assessment activities for the purpose of development of the Candidates' Fellowship entry profiles.

Establishment of compulsory logbook activity will require a training program for supervisors in terms of expectations of oversight, and appropriate completion of assessment rubrics. There will be a need for alignment of existing and proposed assessment forms with the business rules of the College's new electronic learning management system (*myRACMA*).

Enhancement of Training Progress Committee role

The Curriculum Steering Committee and the Training Committee have conducted several reviews of aspects of the curriculum in recent years and over the past two years the Training Committee has focussed on one of its sub-roles as the Progression Panel. This Panel is made up of selected Faculty members and the Jurisdictional Co-ordinators of Training, and it has developed processes for progress monitoring of all Candidates. It is now ready to take this monitoring role forward.

From 2018 the Progression Panel will be known as the **Training Progress Committee** and it will meet quarterly. Its terms of reference will be enhanced to include endorsement of satisfactory participation in a term, thus establishing a similar status to the Board of Censors in its endorsement of satisfactory performance in summative 'examinations'.

The *e-Training Logs* (with ITP forms) for each Candidate will be provided to the Training Progress Committee biannually (this function may be distributed to state committees in time). The candidates will be required to have performed satisfactorily and made learning progress in each term across a minimum of three full-time-equivalent years. There will be separate identification of progress in the MMPD and the PPLDD. Satisfactory progress in each term will be documented in the relevant section of the candidates' *e-Training Logs*.

The Training Progress Committee will also be empowered to identify that a term was not completed satisfactorily (either because of lack of compliance or because of lack of learning performance) and to suggest priorities for remediation requirements to be fulfilled prior to Fellowship being recommended, such as re-submission of written assignments, extension of time in supervised practice (perhaps in a different setting) or re-sitting examinations.

It will generally be expected that following two unsatisfactory terms a candidate will need to show cause (to the Faculty Board) why s/he should be entitled to continue candidacy, consistent with existing policies. It may be that a Candidate who has an 'unsatisfactory' outcome in a term in her/his first year of Candidacy will be immediately required to show cause why Candidacy should be continued.

PROPOSAL FOR CHANGES TO MEDICAL MANAGEMENT PRACTICE DOMAIN

Change to the status of the Oral Examination

The 'Pre-Fellowship' Examination will be re-named the 'MMPD Oral Examination'. It will be retained as a station-based viva voce examination. It will be placed as a component of the MMP summative activities. Some of its business rules will also be changed. **The threshold criterion for presentation at the MMPD Oral Examination will be 30 months of satisfactory supervised management practice,** (including RPL). The requirement for completion of identified assignments and oral presentations as pre-requisites has been lifted, for Candidates commencing in 2018. Candidates presenting for the Oral Examination in 2018 and 2019 will continue to need to demonstrate compliance with the pre-requisites for this examination as an exit examination.

The aim of the Oral Examination as a summative method of assessment in the Medical Management Practice Domain is the testing of Candidates' abilities to verbally present analyses of health service administration and management problems, to describe plans of action and to explain to two assessors the skills necessary for addressing the issues posed by the scenarios. The scenarios are developed from 'real life' and are related to the learning objectives in the Curriculum. The marking rubric seeks assessment of the knowledge required to describe the problem and its management, the skills/behaviours that are identified and the attitudes or leadership qualities that are articulated.

Notwithstanding its focus on the learning objectives for the curriculum role competencies of Medical Expert, Medical Manager and Communicator, the process of the MMPD Oral Examination directly draws on experience and skill development in all the competencies nominated in the RACMA curriculum and prioritised in the context of the MMPD syllabũs. In future, candidates will have experienced this 'simulation' oral examination technique during the pre-requisite minimum 30 months of satisfactory supervised medical management practice; as documentation of case-based discussions in examination format will now be a requirement throughout the training experience. It will also be a requirement that candidates will have received feedback on directly and indirectly observed management exercises and it is anticipated that these feedback sessions will have been experiences of learning 'what to do'. The Oral Examination will be seen as an extension of an appropriate method for learning management practice.

Participation in the formative College Trial Examination (in Oral Examination format) and jurisdiction-based practice examinations will give candidates and their supervisors and preceptors, feedback on the readiness of a candidate to sit the MMPD Oral Examination.

Assessment at the MMPD Oral Examination will continue to be the responsibility of the Board of Censors.

From 2018 the format of the Oral Examination will continue to be four scenario-based interviews with the scenarios chosen for their alignment with learning objectives in the Curriculum. Each scenario is to continue to be marked, by two assessors, against a pre-set standard of a descriptive and numerical rubric addressing expected knowledge, skills, and approach (attitudes)[15]. Current methods for standard setting, examiner calibration and moderation at the examination will continue to be utilised and regularly audited for their appropriateness.

Currently, the business rules indicate that each examiner provides a mark out of 15, in the expectation that '9' is a 'satisfactory' score. The scores from each examiner are summed and the score out of '30' for the station agreed, after discussion. The candidate must achieve a score of 18 or more out of 30, for each scenario, to have been considered satisfactory at the examination. If a candidate achieves 14 or less for two or more stations, and the total score is less than 68/120, then s/he has been unsuccessful at the examination. If a candidate achieves borderline scores (total score above 68, or 15-17/30 for individual stations) a fifth scenario may be offered on the day for the trainee to demonstrate more capability. A candidate is deemed to have passed the Examination if s/he scores 18 or above in the fifth station.

The Oral Examination will be brought forward in the training calendar for 'final' management practice year candidates, from November/December to July/August of that year, to align completion of examination requirements with registrar-job recruitment timetables throughout Australia and New Zealand. This change will be implemented from 2019.

Increasing rigour in workplace-based observation and feedback

The principles of workplace-based observation and feedback in the Medical Management Practice Domain will be that:

- Candidates will be observed and assessed on tasks that are aligned with the curriculum skill-based learning objectives of the MMP Domain;
- There will be multiple formative measures of candidate learning and progress in each six-month calendar term;
- Assessments will be conducted in a structured fashion, by workplace training supervisors (and supervisor nominees); and
- The assessment events will be logged, and evidence will be provided that they have occurred.

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[15] Chelimsky, E. (1997), Thoughts for a new evaluation society. *Evaluation,* 3(1), 97-109.

As it is now, it will be expected that site training supervisors will commit at least one hour of face-to-face time per week to the candidates in their employ, specifically for training supervision. At this time, it is known that in some posts, documentation of workplace assessment is well developed, but in others it is embryonic. It is expected that making some components compulsory and requiring accountability in the form of diary entries and logging of outcomes of assessments of level of performance, there will be improvement in iterative learning for Candidates and this will provide accountable justification for commentaries by supervisors in the In-Training Performance forms.

It has been agreed that identified supervision time will be utilised for, potentially, at least **8 sessions** in each year for management task observation and feedback- Observed Management Tasks (OManTs); and at least **8 case discussions** in Oral Examination format (20 minutes preparation in response to a written scenario, followed by 10-minute presentation and 10 minutes of quizzing by two 'examiners').

The observable mini-management exercises (Mini-MEx's) chosen for assessment will be derived from a new Guide for Workplace based Assessment that ensures a range of role competencies are addressed. An assessment rubric will be used that is appropriate for the task, which identifies areas in which proficiency has been achieved and areas in which improvement is needed. The overall assessment will be retained in the *e-Training Log* and viewed by the candidate and supervisor when preparing for completion of mid-term or end-of-term In-Training Performance forms.

Skill modules may be grouped into:
- Managing corporate governance
- Managing clinical governance
- Planning
- Leading activities in digital health settings
- Managing risk and responding to legal matters
- Leading medical recruitment and decruitment
- Leading and managing work units
- Managing finances

Skill training e-modules will be developed containing:
- Topic knowledge headings, notes
- Resources – links to policy documents etc, journal articles, videos
- Suggested tasks – written reports, verbal discussions, both, preparation and participation in committees, audio-visual presentations, participation in simulations, reflective discussions - for direct (or indirect) observation and feedback
- Rubrics for Observed Management Tasks (OManTs)
- Past Oral Examination questions for practising, with marking rubrics

CHANGES TO PERSONAL AND PROFESSIONAL LEADERSHIP DEVELOPMENT

Monitoring of progress in leadership development

The principles of workplace-based guided reflection in the Personal and Professional Leadership Development Domain will be that:

- Candidates will be guided in reflection on experiences that are aligned with the curriculum learning objectives of the PPLD domain;
- There will be multiple formative sessions of candidate learning and progress in professional development;
- Assessments will be conducted in a structured fashion, by workplace training supervisors (and supervisor nominees); and
- The assessment events will be diarised, and evidence will be provided that they have occurred.

At this time, there are RACMA candidate workshops and e-modules dedicated to learning in personal mastery and professional development. It is intended that these activities will continue, and that assignments will be required that may be marked at local or College levels. It is noted that candidates will now also be able to participate in the national Fellows' Professional Development Forums that are held two-three times per year, at a special Candidate rate.

It will be expected that site training supervisors will commit at least one hour of face-to-face time per week to the candidates in their employ specifically for training supervision and that this time will be utilised in each year, for, potentially, at least **6 guided reflection/leadership discussion** sessions (one of which will be related to prepared PPLD e-modules).

An assessment rubric will be used that is appropriate for the discussion, which identifies areas for celebration and areas in which improvement is needed. The overall assessment will be retained in the *e-Training Log* and used in the preparation of the bi-annual In-training Performance forms.

PPLD e-modules will be developed containing:
- Topic knowledge headings, notes
- Resources – links to policy documents etc, journal articles, videos
- Suggested tasks – written assignments, reflective journals, verbal discussions
- Rubric for Guided Reflections (GRefs)

PPLD topics may include
- Personal learning plan
- Indigenous health service issues
- Self-directed learning
- Leadership feedback
- Un-learning
- Decision making
- Delegating responsibilities

- Advocacy
- Leadership Mental models
- Reflection
- Mentoring
- Dealing with media
- Managing fatigue

PROPOSAL FOR CHANGES TO RESEARCH TRAINING PROGRAM

The Research Training Program was introduced in 2012, as a method for assessment of learning in evidence-based practice.

Its principles were

- that 'research' in the RACMA Fellowship Training Program would be about 'health services' research;
- that a research project should be completed; and
- that reporting on research should be to the level of 'publication-ready'.

The program's formative and summative assessments will continue to be conducted by members of the Research Training Committee and Research Training Assessors (members of the Board of Censors in the category of Research Assessors).

The expected pre-requisite University-level learning courses will be changed from 'epidemiology and statistics' AND 'research methods' to 'epidemiology and statistics' OR 'research methods'.

There will continue to be two summative assessments – an Oral Examination of Research Progress and a Written report/publication of a completed Health Services Research Project.

There are rubrics for assessment of these tasks and the marks will be included in the *e-Training Log* once the candidate has reached the threshold of 60%.

From 2018, the timing of submissions will be shifted from the existing deadlines to allow for trainees to familiarise themselves with health services research methodology and research opportunities in their workplaces. There will be a research training program introduction session in March/April of the first year of candidacy at Workshop 1; a health service research awareness webinar in September of first year with an assignment due in November; and a requirement for submission of the proposal and low/negligible risk draft submission in February of the second year. It is expected that monthly webinars will address aspects of research development.

The Oral Presentation of Research progress will be scheduled for the same time as the College Trial Oral Examination held in September-November of the second calendar year.

The Written Research activity will be due at the end of the third (or fourth) calendar year of training. Its completion will not be a requirement for sitting the Oral Examination and its completion timing will no longer be linked to timing of the Oral Examination.

TRAINING TIMETABLE

A sample timetable for a full-time supervised practice Candidate is displayed in Table 7. This will be customised at each training site to reflect the activities of the post and the progress of the Candidates and will be planned in conjunction with development of the Annual Training Plan.

Table 7 Sample calendar of workplace learning and assessment for registrars

Year	Feb/Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
First	Workshop 1 Research intro Ann Plan				ITP form	Research webinar	Research Question			ITP form
WOF		1 GRef 1 OManT 1 case study	1 GRef 1 OManT 1 case study	1GRef 1 OManT 1 case study	1 OManT 1 case study	1 GRef 1 OManT 1 case study	1 OManT 1 case study	1GRef 1 OManT 1 case study	1 GRef 1 OManT 1 case study	
Second	Ann Plan Research proposal			Workshop 2	ITP form				College Trial Research Oral	ITP form
WOF	1 GRef 1 OManT 1 case study	1 GRef 1 OManT 1 case study	1 OManT 1 case study	1GRef 1 OManT 1 case study	1 OManT 1 case study	1 GRef 1 OManT 1 case study	1 OManT 1 case study	1GRef 1 OManT 1 case study	1 GRef	
Third	Workshop 3 Ann Plan				ITP form	MMP Oral Exam			Research report	ITP form
WOF	1 GRef 1 OManT 1 case study	1 GRef 1 OManT 2 case study	1 OManT 3 case studies	1GRef 2 case studies	1 OManT	1 GRef 1 OManT	2 OManT	1GRef 1 OManT	1 GRef	

The 12-month e-Training Log will document:

Annual training plan

    Workshops – RACMA mandatory, optional (disaster management, indigenous awareness, media training)

    University subjects' results

    Learning set dates and topics

Research training program – submission deadlines

PPLD - annual PPLD learning plan and minimum 6 guided reflections/leadership discussions

MMPP – minimum 16 Observed management tasks (OManTs), minimum 16 case studies

IN-TRAINING PERFORMANCE FORMS– 2 each year

The development of the e-training log will be facilitated by the shift to a new Learning Management System in *myRACMA* in 2018, allowing for training and trialling in 2018, and implementation for all Candidates in 2019.

For Candidates commencing in the Fellowship Training Program in 2018, there will be a calendar of College organised workshops and assessment events, as well as submission deadlines as follows in Table 8. There may be capacity for some candidates who have commenced in 2015, 2016 or 2017 as part-time trainees to transition to this new timetable, which has as its key event, the timetabling of the MMPD Oral Examination into July/August of the academic year.

Those attempting the Oral Examination in 2018 or 2019 will be required to have met the eligibility criteria for sitting the Oral Examination (i.e. having experienced relevant periods in supervised practice, and having submitted various summative portfolio assignments, including Research Training tasks).

Table 8 Calendar of College assessment activities from 2019

	Feb/Mar/Apr	May/Jun	Jul/Aug	Sep	Oct/Nov	Dec
Year 1	Workshop 1		ITPs due	Research webinar assignment due		ITPs
Year 2	Research Proposal due	Workshop 2	ITPs due		College Trial Oral Examination Oral presentation Research progress	ITPs
Year 3/4	Workshop 3		ITPs due MMP Oral Examination		Written research	ITPs

IMPLEMENTATION OF PROGRAMMATIC ASSESSMENT

For full implementation of a programmatic approach to learning and assessment by 2020, (i.e. for candidates commencing in 2018) there are several tasks which must be overseen or undertaken by the Education and Training Committee, the Board of Censors, the Progression Committee, the Dean of Education, the College Office, the Candidate Advisory Committee and possibly new working parties during 2017 and 2018.

It is recommended
- that this report be endorsed by the Education and Training Committee and recommended to the Board of RACMA as a Final Report;
- that a time-limited committee - the Programmatic and Workplace Assessment Working Party (PWAWP) - oversee the transition of changes required for full implementation of Programmatic Learning and Assessment in the Fellowship Training Program; and
- that the PWAWP's terms of reference include
  - co-ordination of outcomes of deliberations by relevant committees tasked with implementing changes;
    - Education and Training Committee re governance and policy development;
    - Board of Censors tasks re Oral Examination and components of a new Assessment Strategy;
    - Training Progress Committee tasks re candidates not making progress
    - Curriculum Review Committee tasks re
      - workplace assessment modules;
      - accreditation of University Master's Programs;
      - enhancement of syllabūs, such as systems thinking, clinical informatics and clinical governance in the MMP domain;
  - oversight of initial training for supervisors in increased responsibilities; and
  - prediction of budget implications for the Fellowship Training Program.

APPENDIX 1 Selected AMC standards relevant to programmatic assessment

Standard 2. The outcomes of specialist training and education
2.1 Educational purpose
Accreditation standards
2.1.1 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 community responsibilities.

2.3 Graduate outcomes
Accreditation standards
2.3.1 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.

Notes
Graduate outcomes are the minimum learning outcomes in terms of discipline-specific knowledge, discipline-specific skills including generic skills as applied in the specialty discipline, and discipline-specific capabilities that the graduate of any given specialist medical program must achieve.

Program outcomes describe what gives a discipline its coherence and identity, and define threshold and typical expectations of a graduate in terms of the abilities and skills needed to develop understanding or competence in the discipline.

Standard 5. Assessment of learning

5.1 Assessment approach
Accreditation standards
5.1.1 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.
5.1.2 The education provider clearly documents its assessment and completion requirements.

Notes
Assessment includes both summative assessment, for judgements about progression and formative assessment, for feedback and guidance. Formative assessment has an integral role in the education of trainees as it enables the trainee to identify perceived deficiencies, and the supervisor to assist in timely and effective remediation. It also provides positive feedback to trainees regarding their attainment of knowledge, skills and professional qualities.

The education provider's documents defining the assessment methods should address and outline balance between formative and summative elements, the number and purpose of examinations (including a balance between written and practical examinations) and other assessment requirements. It should make explicit the criteria and methods used to make assessment judgments.

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

Notes
Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning. Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skills and professional qualities over time are aggregated and synthesised to inform judgements about progress. Assessment programs are constructed through blueprints which match assessment items or instruments with outcomes.

The strength of an assessment program is judged at the overall program level rather than on the psychometric properties of individual instruments. In such an approach, highly reliable methods associated with high stakes examinations such as multiple-choice questions (MCQ), modified essay questions (MEQ) or objective structured clinical examinations (OSCE) are used alongside instruments which are currently less reliable but assess independent learning, communication with patients, families and colleagues, working in interprofessional teams, professional qualities, problem solving and clinical reasoning.

The AMC encourages the development of assessment programs for their educational impact. A balance of valid, reliable and feasible methods should drive learning to achieve the program and graduate outcomes. In clinical specialties, direct observation of trainees with real or simulated patients should form a significant component of the assessment.

5.3 Performance feedback
Accreditation standards
5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
5.3.2 The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

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.

Notes
Assessment should actively promote learning that will assist in achieving the **educational** *outcomes, provide a fair assessment of the trainee's achievement, and ensure patient safety by allowing only competent trainees to progress to become medical specialists.*