

# FELLOWSHIP TRAINING PROGRAM

## MEDICAL MANAGEMENT PRACTICE DOMAIN

### APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPLE)

PLEASE READ THIS FORM CAREFULLY

#### About Application Form:

This form should be used by applicants seeking Recognition of Prior Learning and Experience (RPLE).

RPLE is designed to provide formal recognition to individuals based on their prior skills, knowledge, and experience. Prior to applying for RPLE, applicants should familiarise themselves with the requirements for Fellowship as outlined in the four key domains of the Fellowship Training Program [here](#).

The RPLE application fee is payable upon receipt of the completed application form. Please note this fee is nonrefundable. Please refer to the [RACMA website](#) for the current Application Fees.

#### Application Process:

1. Upon submission of application and supporting evidence, the RPLE application fee will be invoiced and must be paid in order for the application to be progressed.
2. The applicant must be available to attend the interview at the time and place advised by RACMA.
3. The RPLE assessment panel will make recommendation for the award of RPLE and provide feedback to the applicant at the end of the interview. Applicants will be advised of the outcome of their interview in writing following the approval process.

Applicants will *not* be informed of the outcome at the interview.

#### Instructions:

1. Complete all parts of this application form and sign the Privacy Notice & Consent Form (page 8)
2. Attach copy of your current CV and submit with this application form
3. Submit completed form with supporting documentation by email to [applications@racma.edu.au](mailto:applications@racma.edu.au)
4. Make payment of the application fee

## 1. PERSONAL DETAILS

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RACMA ID

Title

Surname

Given Names

Date of Birth

Home Address

Mobile

Personal Email

|   |    |            |                        |
|---|----|------------|------------------------|
| Are you of Aboriginal and/or Torres Strait Islander background? | No | Aboriginal | Torres Strait Islander |
| Are you of Māori and/or Pacific Islander background?            | No | Māori      | Pacific Islander       |

## 2. EMPLOYMENT DETAILS

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### Employer Information

Employer Organisation

Position Title

Supervisor Name

Supervisor Title

Work Address

Work Telephone

Commencement Date

## Position Details

| Time Fraction   | Total FTE         | Clinical FTE            |          | Management FTE |
|-----------------|-------------------|-------------------------|----------|----------------|
| Location        | Metropolitan      | Rural                   | Regional | Remote         |
| Industry Sector | Public            | Private                 |          |                |
| Sector Type     | Hospital          | Government – Health     |          | Tissue / Blood |
|                 | Defence           | Government – Non-Health |          | Law / Legal    |
|                 | Research          | Management Consultancy  |          | IT / IS        |
|                 | Teaching/Training | Pharmaceuticals         |          | Other          |

## 3. REFEREE REPORTS

Please provide the full name and email address of your three referees. Referees should be your direct line managers from your last (most recent) 3 roles, preferably FRACMA. The Interview Panel may contact your referees for further discussion if required.

|                 |               |
|-----------------|---------------|
| Referee 1: Name | Email Address |
| Referee 2: Name | Email Address |
| Referee 3: Name | Email Address |

## 4. MEDICAL MANAGEMENT & LEADERSHIP EXPERIENCE

Describe your key achievements in Medical Management and Leadership undertaken in the last 3 years (up to 500 words)



## 6. ASSESSMENT OF CAPABILITIES

The [Medical Leadership and Management Curriculum](#) focuses on the specific competencies needed for medical management and leadership practice. These competencies are organised around the seven CanMEDS roles.

The central roles are those of Medical Leader and Manager, supported by competencies embedded in the CanMEDS roles of Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.

Please provide a summary in Table 1 (page 6) demonstrating your competence in line with the RACMA core competencies. Examples of experience and activities can be found below.

| Competencies & Examples of Experience and Activities  |
|---|
| <b>Research</b>   |
| <ul style="list-style-type: none"> <li>▪ Key publications for the panel's review, preferably in Health Service Research<br/>Please provide title(s) and link(s) to the document if available. <i>Do not</i> submit the actual paper with this application.</li> <li>▪ List of peer-reviewed journal(s)</li> <li>▪ Confirmation of ethics approval from your organisation's Human Research Ethics Committees (HREC) for a research project you have led as a principal investigator</li> <li>▪ Confirmation of participation in an HREC at your current/previous organisation or another research institute</li> </ul> |
| <b>Teaching</b>   |
| <ul style="list-style-type: none"> <li>▪ Teaching in an academic institution</li> <li>▪ Facilitating/delivering training for medical workforce</li> <li>▪ Supervising junior staff at the workplace</li> </ul>  |
| <b>Evidence-Based Decision-Making</b>   |
| <ul style="list-style-type: none"> <li>▪ Evidence-based decision-making demonstrated e.g. QI projects undertaken or policy development</li> </ul>   |
| <b>Written Work Derived from the Workplace</b>  |
| <ul style="list-style-type: none"> <li>▪ Ministerial briefing</li> <li>▪ Business cases / project proposals</li> <li>▪ Service plans</li> <li>▪ QI plans and quality accreditation reports</li> <li>▪ Policies</li> <li>▪ Performance reports</li> </ul>  |
| <b>Advocacy</b>   |
| <ul style="list-style-type: none"> <li>▪ Public speaking, e.g., abstracts, video/audio clips</li> <li>▪ Media appearances</li> <li>▪ Position papers</li> </ul>   |
| <b>Cultural Competency</b>  |
| <ul style="list-style-type: none"> <li>▪ Participation in an Indigenous Health module at another medical specialty college</li> <li>▪ Work with indigenous communities e.g. testimonials, media publications, etc.</li> <li>▪ Facilitating/delivering cultural competence training for medical workforce in other organisations</li> </ul>  |
| <b>Professionalism</b>  |
| <ul style="list-style-type: none"> <li>▪ Participation in an Indigenous Health module at another medical specialty college</li> <li>▪ Work with indigenous communities e.g. testimonials, media publications, etc.</li> <li>▪ Facilitating/delivering cultural competence training for medical workforce in other organisations</li> </ul>  |



## 7. REFLECTIVE PRACTICE

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Identify a workplace related event that occurred in the last three (3) years. In no more than 500 words, describe:

- What was the event and its context?
- What happened?
- How did you manage it at the time?
- What did you learn about yourself as the person managing the event?
- What have you determined that could have been managed better or differently?
- What have you decided to do differently next time?
- If there has been a next time, how have you managed the event differently?

For Reflective Journal Writing Guidelines, click [here](#).

## 8. PRIVACY NOTICE & CONSENT FORM

Personal information (including sensitive information) collected in this form or in connection with RACMA medical administration training will be used to assess, process, and administer this application for accreditation of a training post. RACMA may send you information about the Fellowship Training Program and accreditation of training posts from time to time.

If the organisation does not provide the personal information RACMA requires, RACMA may not be able to process the application for the accreditation of a training post.

The information RACMA collects about the health setting may be disclosed to RACMA Members (for the purpose of assessing the application for accreditation of training posts), to individuals that provide training related services, and to persons appointed to perform support, mentoring, and assessment functions.

Such information may also be disclosed to the Australian Health Practitioner Regulation Agency (AHPRA) and other regulatory bodies for regulatory purposes, to bodies carrying out credentialing or quality assurance activities, to hospitals or other organisations, to RACMA's external service providers (e.g. IT contractors and event organisers), and otherwise as required or authorised by law.

In particular, RACMA may collect information about a Candidate from the Candidate's training setting or Supervisor, including information about the Candidate's progress, performance and conduct, and other information relating to the Candidate's employment at the training setting.

RACMA conducts accreditation activities in Australia and New Zealand. Personal information collected in Australia or New Zealand about a RACMA Member may be disclosed to a recipient in one of those countries. RACMA may be unable to ensure that the overseas recipient does not breach the Australian Privacy Principles in relation to such information.

For further information about privacy at RACMA, including information about how to access or correct your personal information and about how to make a privacy complaint, see RACMA's [Privacy Policy](#).

### CONSENT AND ACKNOWLEDGMENT

I,

1. Consent to RACMA collecting personal information about me for the purpose of considering this application for accreditation of a training post;
2. Consent to RACMA disclosing such information to the types of organisations described in the above Privacy Notice, for the purposes of processing the application for accreditation of a training post (including to a recipient in a country outside Australia, notwithstanding that RACMA may be unable to ensure that the recipient does not breach the Australian Privacy Principles in relation to the information);
3. State that any personal information about another individual (including a Secondary Supervisor contact) that I have provided with this application is provided with that individual's knowledge and consent; and
4. Acknowledge that I am not required to provide this consent and may revoke it at any time.

Applicant Signature

Applicant Name

Date



## APPLICATION CHECKLIST & SUBMISSION

### Supporting Documentation to be Sent with Application

Application completed in full and signed by applicant

Copy of current CV

Signed Privacy Notice

Email application and attachments to:  
[applications@racma.edu.au](mailto:applications@racma.edu.au)