

RACMA STRATEGIC PLAN 2010-2012

Strategic Priority 1. VALUE: Advocate for doctors in leadership and management to have a RACMA qualification.

Strategic objective	Time to complete	Resources	Monitoring Input Measures/Milestones	Outputs/Outcomes
<p>1.1. Proactively articulate the value of a manager with medical training.</p> <p>1.2. Promote the importance of doctors appointed to formal management positions having a qualification awarded by RACMA.</p> <p>1.3. Make the RACMA the authority on medical management workforce.</p> <p>1.4. Contribute to the body of knowledge about medical leadership.</p> <p>1.5. Recognise doctors in education, research and teaching as members of the College.</p>	Evaluate in three years time		<p>Development of value proposition/ statement for FRACMA</p> <p>No. recruitment situations that require a FRACMA</p> <p>Letters to hospitals and govt credentialing bodies</p> <p>Implement Junior Doctors Program</p> <p>No. meetings, submissions with key stakeholders</p> <p>Annual Roundtable with key stakeholders held.</p> <p>Published papers in respected journals by Members.</p> <p>RACMA Board supports a proposal for an ARC Linkage grant</p> <p>Proposal for a RACMA Faculty of Medical Educators put to the Board</p>	<p>Increase in Affiliate/Candidate Membership numbers create net growth in RACMA Membership</p> <p>Requests to RACMA/FRACMAs for comment/advice/presentations</p> <p>RACMA representation on/at key workforce planning forums/agencies</p> <p>Collaborations with other medical colleges and organisations for training of doctors in leadership and management.</p>

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Strategic Priority 2: EDUCATION: Deliver high quality leadership and management training that is sought after by doctors, clinicians and other key stakeholders.

Strategic objective	Time to complete	Resources	Monitoring Measures/Milestones	Outputs/Outcomes
2.1. Develop the RACMA curriculum into a benchmark training program.	Annually Evaluate in three years time		Curriculum developed and signed off by the Board in 2010 AMC recommendations completed. Key external stakeholders rate RACMA training programs highly.	Training workshops and assessment mapped to curriculum. Maintenance of AMC standards of accreditation Trainees' report satisfaction with Education and Training programs
2.2 Implement strategies to improve access and equity in the delivery of RACMA training programs.	2011/2012 2010/2011		On-line version of the curriculum developed to increase access in 2011 Allocate funds to develop on-line training resources.	Utilisation of On-line training resources. Rural and remote candidates report improvement in access to training.
2.3 Extend delivery of education and training into new settings	Evaluate in three years time		No. alliances formed to deliver training Evaluation of demand for medical leadership training in neighbouring countries.	FRACMAs in academic positions/roles in university management programs. New settings e.g other colleges; other clinicians e.g. nurses, allied health, non-clinical professions

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Strategic Priority 3: LEADERSHIP: Develop competencies and standards for the professional management of health services by doctors.				
Strategic objective	Time to complete	Resources	Monitoring Measures/Milestones	Outputs/Outcomes
3.1 Develop professional standards relating to management by doctors.	2011	Credentialling Committee	Appropriate standards for FRACMA identified. Standards developed	FRACMAs engage in consultation for the development of the standards.
3.2 Meet College requirements for professional development.	2011/2012 Each year for next three years	CEPC/Members	Annual FRACMA reporting rates increase Triennial certificate rates for FRACMA increase	FRACMAs in good standing with the College FRACMAs audited by MBA 'successful'
3.3 Increase contribution to the body of knowledge about medical administration.	Evaluate in three years time 2011	CEPC Credentialling Committee Research Working Group	Professional standards provide a framework for research, investigation and publication about medical administration activity. College implements strategies to support FRACMAs to publish. Proposal to undertake research submitted to the Board.	Employer organisations refer to standards in documentation. ACHS standards refer to RACMA management standards Key external stakeholders engage with RACMA in development of the standards Increase in publication of articles about medical administration and by FRACMA in refereed journals between 2010 and 2011.

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Strategic Priority 4: RELATIONSHIPS: Value Members and build external alliances				
Strategic objective	Time to complete	Resources	Monitoring Measures/Milestones	Outputs/Outcomes
4.1 Engage Members in the College	annually 2010/2011 Evaluate in three years time	Committees CE Members Committees/Board	No. members participating pro bono in College work. Implementation of '8 hour project'. Participation in 8 hour project. Participation rates on Board and Committees.	Survey of Members shows positivity among College Members
4.2 Implement the new governance structure outlined in the new RACMA Constitution	Annually 6 monthly	Board/CE Committees	Constitutional changes implemented e.g. membership classes, committees Jurisdictional Committees report 6 monthly to the Board	Board Annual Performance report completed
4.3 Grow and develop strategic links with other Australasian specialist medical colleges and with similar organisations internationally	2010/2011/2012 2010/2011/2012 2011	CE CE CE/President	SSRS grants each year Medical Leadership Project funds secured WFMM launched	High level of satisfaction reported with collaborative projects with other colleges Quality and Frequency of transactions with overseas connections

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Strategic Priority 5: RESOURCES: Create a sustainable College				
Strategic objective	Time to complete	Resources	Monitoring Measures/Milestones	Outputs/Outcomes
5.1. Optimise College capacity and capability to support delivery of strategic priorities.	Annually	CE	Staff retention Member consulting panels utilised and deliver projects effectively College Committees deliver according to terms of reference	College services and programs delivered to satisfaction of Members and other stakeholders.
5.2. Expand the revenue base to reduce dependence on Members' fees.	5 years	CEPC	Range of revenue sources increased e.g. fee for service activity; grants;	Membership fees 60% of annual revenue
5.3. Generate appropriate return on College assets, investments and operating activities to fund future College activities and initiatives	Annually	Committees CE	Investment and revenue strategy developed and implemented Funds invested in strategic priorities show appropriate returns.	Budget surpluses set and met Investment returns achieved
5.4. Monitor progress and achievement	Board quarterly reporting against objectives	Board	Timely and accurate reporting Projects completed satisfactorily	Exceptions recognised Strategy Plan delivered. Achievements celebrated