



Let us progress in unity by working together in harmony

HANDBOOK

FOR

THE ROYAL AUSTRALASIAN COLLEGE OF
MEDICAL ADMINISTRATORS

13th Edition 2009

PUBLISHING INFORMATION

This Handbook provides details of the structure of The Royal Australasian College of Medical Administrators and its education programs. It is available for distribution throughout Australasia to approximately nine hundred Fellows, Members and Candidates of the College, and can be downloaded from the College website, www.racma.edu.au

Each year the Handbook is reviewed. As well, policy and guidelines relating to the College's education and training programs may vary from time to time. Members are advised to check with the College Secretariat if they are unsure.

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Please note that every effort is made to ensure that the information in this handbook is correct. Fellows, Members and Candidates are strongly advised to consult the latest version, available on the College web site at www.racma.edu.au

TABLE OF CONTENTS

PART A THE COLLEGE AND ITS ACTIVITIES

COLLEGE PROFILE AND OBJECTIVES Page 6

Profile	6
Overview	6
Values	7
Role and Objectives	7
Critical Success Factors	7
Strategic Priorities	8

ORGANISATIONAL STRUCTURE Page 9

Council	9
Office Bearers	10
Chief Executive	10
Policy and Research Officer	11
Accreditation	11
State/Territory & New Zealand Committees	11
Constitution and Policies	11

ANNUAL CONFERENCE, AWARDS AND FUNDS Page 12

Annual Conference and Scientific Meeting	12
Langford Oration	12
Bernard Nicholson Memorial Prize	12
College Medallions	13
New Fellow Achievement Award	14
Margaret Tobin Challenge Award	14
Essay Competition	15
Cilento Oration	15
Woodruff Fund	15
State/Territory & New Zealand Committee Funds	15

PART B BECOMING PART OF THE RACMA COMMUNITY

BACKGROUND	16
-------------------	----

MEMBERSHIP CATEGORIES AND FEES	17
---------------------------------------	----

Fellows	17
Member	18
Retired Fellows/Members	19
How to Join the College	19
Election to Fellowship	20
2008/2009 Fees	20

PART C EDUCATION & TRAINING PROGRAMS

FELLOWSHIP TRAINING PROGRAM	21
------------------------------------	----

Admission Requirements	21
Overseas Qualifications	22
Inactive Candidates	22
2008/2009 Training Calendar	23
Training Program Structure	23
Training Program Management	23
Program Management	23
Study Program	
Competencies	26
Masters Programs	27
Workshops	28
Supervised Medical Administration Experience	28
Supervisor/Preceptor Reports	28
Management Practice Folio	29
Reflective Case Study	29
Oral Examinations	31
Trial Oral Examination	32
Application for Oral Examination	32

CONTINUING EDUCATION PROGRAM 33

Structure of the Program	33
CEP Competency Domain Matrix	33
CEP Coordinators Meeting	33
CEP Manual	33
Exemptions	34
e-CEP	34
CEP Participation and Annual Audit	34
CEP Certification process	34
Mentoring Program	35
Management for Clinicians	36

PART D OTHER INFORMATION 37

College Publications	37
Other Organisations	38
Comments and Suggestions	38
Appendix 1 2008/2009 RACMA National Training Calendar	39
Appendix 2 RACMA Fellowship Training Plan	40
Appendix 3 Competencies	41

PART A THE COLLEGE AND ITS ACTIVITIES

COLLEGE PROFILE AND OBJECTIVES

PROFILE

The Royal Australasian College of Medical Administrators was founded with the aim of promoting and advancing the study of health services management by medical practitioners.

The Articles of Association were adopted on 21 March 1967 and converted to a Constitution on 27 August 2002. The Founding Convocation and inauguration of the (then) Australian College of Medical Administrators was held at The Royal Australasian College of Surgeons, Melbourne on 29 and 30 May, 1968. There were 279 founding Fellows.

The first office bearers of the College were:

President	Dr W E E Langford
Senior Vice-President	Dr C J Cummins
Vice-President	Dr B Nicholson
Honorary Secretary	Dr S J H Shepherd
Honorary Treasurer	Dr G I H Howard
Censor-in-Chief	Sir William Refshauge

On 6 August 1979, His Excellency Sir Zelman Cowan, Governor General of the Commonwealth of Australia, advised that Her Majesty Queen Elizabeth II was pleased to give approval for the granting of the prefix '*Royal*' to the Australian College of Medical Administrators.

The College was recognised by the National Specialist Qualification Advisory Committee in 1980 as the appropriate examining body for the new specialty of medical administration. Hence, the Fellowship is a nationally recognised specialist qualification.

In August, 1998, when links with New Zealand were formally established, the College changed its name to The Royal Australasian College of Medical Administrators. The Royal Australasian College of Medical Administrators has formed an affiliation with the Hong Kong College of Community Medicine (HKCCM).

Profound changes in health services management have occurred since that time, but the need for competent, well trained health sector managers has not diminished.

The increasing complexity of health systems and institutions necessitates specialised management for the Co-ordination of the services of highly trained personnel. In addition, costly technology must be used in the most effective and efficient way and the quality of health services must be continually improved.

By combining the training skills derived from the discipline of medicine with the knowledge and techniques of management, medical practitioners are uniquely qualified to ensure that the highest standards of medical care are maintained. Therefore, an education program has been developed to enable Candidates to become effective members of the health care team with an insight into the needs and aspirations of both the consumers of medical care and its providers.

OVERVIEW

The Royal Australasian College of Medical Administrators (RACMA) is a specialist medical college that provides education, knowledge and advice in the area of

medical management. The College vision is:

To be valued by our membership, and recognised internationally, as the Australasian medical college that provides professional education, leadership, advice and expertise in medical management that promotes safe and effective healthcare.

Over past decade the complexity of the health services environment within which RACMA operates has been consistently increasing. Current challenges for the organisation include the need for a defined and well articulated value proposition. In addition the college has been affected by broader health system challenges such as increased governance requirements and medical workforce developments generally, including the ageing population of specialist medical practitioners.

VALUES

In all its activities the College membership will display:

1. honesty and openness in all interactions
2. ethical behaviour and integrity
3. behaviour that encourages and demonstrates initiative and values change
4. social responsibility and leadership in the health sector
5. behaviour that encourages and recognises excellence in College membership.

ROLE AND OBJECTIVES

The Royal Australasian College of Medical Administrators was founded in recognition of the emergence of medical administration as a specialty in its own right.

The role of the College is to:

- set educational standards;
- accredit educational programs;
- organise a continuing education program for Fellows and Members;
- conduct examinations;
- nurture, guide and encourage Candidates, Members and Fellows; and
- assist clinicians and public health personnel who are increasingly being required to manage their clinical departments and public health programs and in addition to providing a clinical service.

The objectives of the College are as follows:

- to promote and advance the study of the principles and practice of health services management by medical practitioners;
- to establish and maintain the highest standards of learning, skill and conduct by medical practitioners engaged in health services management ;
- to establish, conduct and promote educational programs in health services management ;
- to promote mutual understanding between persons engaged in the field of health services management and to promote good relations between such persons engaged in the practice of medicine and between such persons and the community; and
- to recognise by Honorary Fellowship or by special award, persons of distinction in the fields of medicine and health services management .

CRITICAL SUCCESS FACTORS

There are several critical success factors in order for the College to be successful and sustainable:

- *A need for clarity about our products and purpose*

The role of the professional medical manager is unique amongst the medical specialties, as it involves a focus on leadership, on management and on specialist clinical governance. In an environment in which the roles and expectations of medical managers are becoming more complex, clarity of the value that they and the College provide is essential.

- *A need to successfully navigate the regulatory environment*

The new regulatory environment will include AMC accreditation but not be limited to it. There is also a myriad of competition related legislation which influences College activities. The College needs to proactively deal with these requirements.

- *A need to be visibly influential - both publicly and politically*

As a key player in the management of Australia and New Zealand's health care system, RACMA must be seen as the provider of wisdom, expertise and advice in its field. It must be seen as the 'go-to' organisation, the peak body on issues regarding management in the health sector.

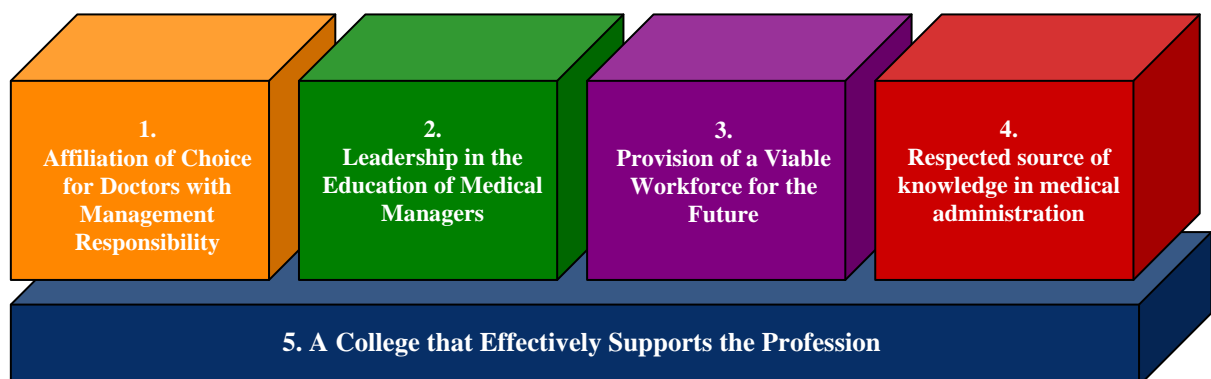
STRATEGIC PRIORITIES

The strategic direction of the College is articulated in terms of five strategic priorities. These priorities are documented

in the College's Strategic Plan 2006-2009.

The first four strategic priorities focus on the way that the College presents to its external environment, and more importantly, its key stakeholders.

1. *Affiliation of choice for doctors with management responsibility.* The FRACMA qualification will be acknowledged as the 'must-have' qualification for not only doctors working in medical executive positions but also for any doctor with management responsibility who will be encouraged to seek either Member affiliation or to join the Candidate program.
2. *Leadership in the education of medical managers.* The College will have a valid and relevant educational offering in the field of medical management - through the FRACMA qualification and through the continuing education that it provides more generally.
3. *Promotion of a viable workforce for the future.* RACMA will keep itself informed on developments in the medical manager workforce and work with relevant stakeholders, such as governments, to maintain and develop the workforce.
4. *Respected source of knowledge in medical management.* The College will be *sought out as the source of information* for those seeking medical management advice and knowledge.



These four strategic priorities must be supported by a smoothly functioning College infrastructure. Therefore a fifth strategic priority addresses the internal workings of the College:

5. *A College that effectively supports the profession.* The structure and operations of the College will

effectively support the successful achievement of its strategic priorities.

ORGANISATIONAL STRUCTURE

COUNCIL

The College is governed by a Council which meets monthly.

The Council comprises three Fellows from each of New South Wales and Victoria, two Fellows from each of Western Australia, South Australia, Queensland and New Zealand and one Fellow from the Australian Capital Territory, the Northern Territory and Tasmania and a Candidate Representative. The Immediate Past-President, Censor-in-Chief and National Director Continuing Education/Recertification are also members of the Council, if not elected as State/Territory representatives.

The composition of the 42nd Council is as follows:

Executive of Council

President

Dr D Rankin NZ

Vice-President

Dr J Menzies QLD

Immediate Past-President

Professor G Frost NSW

Honorary Secretary

Dr R Boyd NSW

Honorary Treasurer

Dr D Kasap NSW

Censor-in-Chief

Dr L Gruner VIC

National Director, Continuing Education/Recertification

Dr B. Street VIC

Other Council Members

Dr R Ashby QLD

Dr R Lambert ACT

Dr A Nel NZ

Dr B. Street VIC

Dr R Lawrence WA

Dr M Platell WA

Dr W Ramsey VIC

Dr S Tideman SA

Dr H McArdle TAS

Dr E Loh Candidate Nominee

Vacant SA

Vacant NT

The Executive of Council is authorised to attend to matters requiring attention or action between Council meetings.

OFFICE BEARERS

The President has overall responsibility for ensuring that the College is setting and achieving its objectives. The President represents the College on both a formal and informal basis, at many for a, including at State and Territory level. The

President also represents the College on the Committee of Presidents of Medical Colleges (CPMC) which brings all the major specialty colleges together to discuss matters of mutual concern.

The College President is appointed annually but by convention normally serves for a term of two years. The following persons have been College Presidents.

1968-70	Dr W E Langford	VIC
1970-72	Dr C J Cummins	NSW
1972-74	Dr B Nicholson	SA
1974-76	Dr S J H Shepherd	VIC
1976-78	Dr H Kramer	NSW
1978-80	Dr W T McCoy	SA
1980-82	Dr R C Webb	VIC
1982-84	Dr R G McEwin	NSW
1984-86	Dr I R Vanderfield	NSW
1986-88	Dr J G Gollidge	QLD
1988-90	Dr B J Kearney	SA
1990-92	Dr P J Brennan	WA
1992-94	Dr C V Wellington	VIC
1994-96	Dr J Alexander	NSW
1996-98	Dr M R (Taffy) Jones	VIC
1998-02	Dr M Jelly	SA
2000-02	Dr J Sparrow	TAS
2002-04	Dr S Devanesen	VIC
2004-06	Dr P Montgomery	WA
2006-08	Prof G Frost	NSW

The Vice-President supports the President in ensuring that the College is achieving its goals. The Vice-President also advises the staff of the College as required.

The position of **Immediate Past-President** ensures that the collected wisdom and knowledge of the Past President is not lost immediately if s/he is not re-elected to Council.

The **Honorary Secretary** is responsible for ensuring that the affairs of the College are effectively managed and that the resolutions of Council are implemented.

The **Honorary Treasurer** is responsible for the financial management of the College.

The **Censor-in-Chief** has responsibility for the education program. The Constitution allows for a person to be appointed to the post of Censor-in-Chief without necessarily being a Councillor.

The following persons have occupied this important position:

1968-75	Sir William Refshauge	ACT
1975-78	Dr R McEwin	NSW
1978-83	Dr T Wood	NSW
1983-86	Dr S Sax	ACT
1986-89	Dr B Kearney	SA
1989-92	Dr J Alexander	NSW
1992-95	Dr P Southgate	WA
1995-99	Dr J Campbell	NSW
1999-05	Dr G Frost	NSW
2005-	Dr L Gruner	VIC

The position of the **National Director, Continuing Education/Recertification** has been established for the co-ordination and development of activities for continuing professional education of Fellows and Members of the College.

CHIEF EXECUTIVE

The responsibility for the administration of the affairs of the College rests with The **Chief Executive**, Dr Karen Owen. She is supported by the **Policy and Programs Manager**, Ms Marie Paraskakis the **Training Program Administrator** Ms Rebecca Mason, the accounts co-ordinator, Ms Jan Stephenson, and Mr Dino DeFazio who assists with the CEP support, web site and other education programming.

In managing the day-to-day work of the College, the Chief Executive liaises with the President, Honorary Secretary and the Honorary Treasurer.

BOARD OF TRAINING & CONTINUING EDUCATION

This is a committee of Council and is responsible to advise Council on development of policy and process to govern and guide the education and training programs of the College.

POLICY AND RESEARCH OFFICER

The College provides written submissions on particular matters of interest at various levels. It is often asked by organisations such as Commonwealth or State and Territory Health Departments for its views on specific matters.

The *Policy and Research Officer* is responsible to research and draft policies and responses on behalf of the College to enable RACMA to make public statements on health related issues and respond to other bodies requesting the College's advice or opinion.

ACCREDITATION

In 2008 the College was granted 4 years accreditation by the Australian Medical Council (AMC). The College's submission can be found on the web site.

STATE/TERRITORY & NEW ZEALAND COMMITTEES

Each State/Territory & New Zealand has a Committee which is responsible for the implementation of College policy.

These Committees comprise:

- locally elected Fellows and, in some cases, Candidates
- coopted Fellows where necessary
- a MRACMA
- Chair of the Board of Studies; and CEP Coordinator are elected from the committee members

Each State/Territory & New Zealand Committee is responsible for the administration of College affairs at a local level, and the activities of its Board of Studies which may operate as a sub-committee.

A list of State/Territory & New Zealand Chairs, Honorary Secretaries and Chairs of Boards of Studies, and their contact details is on the College website, www.racma.edu.au

CONSTITUTION AND POLICIES

CONSTITUTION: RACMA is a Company Limited by Guarantee and any changes to be made to the Constitution are made at the Annual General Meeting of the College.

In 2008/2009 the College is reviewing its governance structures and it is possible revisions to its constitution will be made.

POLICIES & PROCEDURES: These cover matters (amongst others) of: Candidacy; Election to Fellowship; Admission to Membership; Annual Subscriptions; Continuing Education; Rights and Privileges of Fellows and Members; Appeals; Application for Candidacy and Advanced Standing. Policies can be viewed on the College website.

The College is currently reviewing its constitution and there will be a significant consultation process in 2008 and 2009.

POLICIES AND PROCEDURES are revised and developed from time to time and are available on the College website.

ANNUAL CONFERENCE, AWARDS AND FUNDS

ANNUAL CONFERENCE AND SCIENTIFIC MEETING

The College holds a major conference and scientific meeting annually. This conference is usually held in one of the capital cities. Council has determined that the conference will normally be held in either Victoria, NSW or Queensland. The Annual General Meeting of the College is held during the period of the conference. It has been customary to conduct the Oral Examinations on the two days preceding the conference. In 2009, the examinations and the annual conference will be held in Sydney, NSW.

Information will be available on the College web site.

LANGFORD ORATION

The Langford Oration forms an integral part of the Annual Conference. The Oration, named in honour of the College's Foundation President, the late Dr Sam Langford, is delivered by a distinguished person on a topic of his or her choosing. At the conclusion of the Langford Oration, new Fellows are formally admitted and the Bernard Nicholson Memorial Prize (awarded to the outstanding Candidate at the oral examinations) is presented, if there is a candidate judged worthy of this.

Langford Orations have been delivered by:

-
- 2008 Professor Chris Baggoley
 - 2007 Professor John Pearn
 - 2006 Sir Guy Greene
 - 2005 Ms Beth Wilson
 - 2004 Professor Sir John Scott
 - 2003 Her Excellency Prof. Marie Bashir AC

- 2002 Professor Fiona Stanley AO
- 2001 Professor John Funder AO
- 2000 Professor John Hay
- 1999 Dr John Yu
- 1998 Rt Rv Richard Randerson
- 1997 Dr Miles Lewis
- 1996 Mr Gatjil Djerrkura
- 1995 Professor Susie Linden-Laufer
- 1994 Professor Alan Gilbert
- 1993 Sir Llewellyn R Edwards
- 1992 Professor J Young
- 1991 The Hon Mr Justice D Malcolm
- 1990 His Excellency Dr D McCaughey
- 1989 Emeritus Professor P Karmel
- 1988 Senator The Hon P Baume
- 1987 Dr M H Durie
- 1986 Dr J Watson
- 1985 Professor A Cobbold
- 1984 Mr R Gibson
- 1983 Professor H Attwood
- 1982 Mr A Cohen
- 1981 Sir Zelman Cowen
- 1980 Professor G D Tracey
- 1979 Professor R Sackville
- 1978 Sir Gustav Nossal
- 1977 Mr Justice F G Brennan
- 1976 Dr C J Cummins
- 1975 Dr D Myers
- 1974 Professor E Saint
- 1973 Dr W E R Hackett
- 1972 Professor L J Kramer
- 1971 Professor H M Whyte
- 1970 Mr A J A Gardner
- 1969 Professor J Loewenthal
- 1968 Sir Philip Baxter

BERNARD NICHOLSON MEMORIAL PRIZE

This prize, donated by, and awarded in memory of Dr Bernard Nicholson, is awarded to the outstanding Candidate at the oral examinations. Dr Nicholson was a Past-President of the College and played a major role in its establishment.

BERNARD NICHOLSON PRIZE WINNERS

2008	No Prize Awarded	
2007	Dr David Alcorn	QLD
2006	No prize awarded	
2005	Dr Alison Dwyer	VIC
2004	Dr Humsha Naidoo	VIC
2003	Dr Robyn Lawrence	WA
2002	Dr Tamsin Waterhouse	NSW
2001	No Prize awarded	
2000	Dr Beth Kotze	NSW
	Dr Paul Tridgell	NSW
1999	Dr Dennis Pisk	NSW
1998	Dr Jennifer King	QLD
1997	No Prize awarded	
1996	No Prize awarded	
1995	Dr Gareth Goodier	WA
1994	No Prize awarded	
1993	Dr Debra Graves	VIC
1992	Dr Heather Wellington	VIC
1991	Dr Norma Nickel	WA
1990	Dr Michael Walsh	WA
1989	Dr Paul Scown	QLD
1988	Dr Greg Stewart	NSW
1987	Dr Donna O'Sullivan	QLD
1986	Dr Richard Ashby	QLD
1985	Dr Barbara Grunseit	NSW
	Dr Tim Smyth	NSW
1984	Dr Peter Sainsbury	NSW
1983	Dr George Lipton	VIC
1982	Dr Barrie Heyworth	QLD
1981	Dr Jennifer Alexander	NSW
1980	Dr Cedric Gibbs	NSW
1979	Dr Peter Southgate	WA
1978	Dr Peter Stanley	NSW
1977	Dr Ross Ulman	VIC
1976	Dr Peter Morse	NSW
1975	Dr Susan Britton	NSW
	Dr Barry Catchlove	NSW
1974	Dr Mary Stannard	ACT
1973	Dr David Fry	WA
	Dr Alexander Shearer	QLD
1972	Dr Clifford Flower	VIC
1971	Dr Myles Kehoe	ACT
1970	Dr Trevor Wood	NSW

COLLEGE MEDALLIONS

College medallions are awarded by the Council in recognition of meritorious

service to the College and are presented at the Langford Oration.

Apart from a silver medallion struck especially to recognise the immense contribution of Dr Sam Langford (and presented posthumously to his widow Mrs Beatrice Langford at the Langford Oration in August 1992), these medallions are normally bronze.

The following persons have been awarded College medallions:

2008	Dr Peter Bradford	VIC
2007	Dr Philip Montgomery	WA
2006	Dr Robert Porter	NSW
2005	Dr Sherene Devanesen	VIC
	Dr Drahinja Kasap	NSW
	Dr Denis Smith	NSW
2004	Dr Michael Jelly	SA
	Dr John Sparrow	TAS
2002	Professor Bryan Campbell	QLD
2000	Dr John Campbell	NSW
	Dr MR (Taffy) Jones	VIC
1998	Dr Owen Curteis	NSW
	Dr Jennifer Alexander	NSW
1997	Dr Peter Southgate	WA
1996	Dr L N (Bill) Walsh	VIC
1995	Dr Roger Boyd	NSW
	Dr Clive Wellington	VIC
1994	Dr Alan Davis	VIC
	Dr James Griffin	QLD
	Dr William Langford	ACT
	Professor James Lawson	NSW
1993	Dr Peter Brennan	WA
1992	Dr Donald Child	NSW
	Dr Clifford Flower	VIC
	Dr John Gollidge	QLD
	Dr Keith Harris	NSW
	Dr Colin Joyner	WA
	Dr Brendon Kearney	SA
	Dr James McNulty	WA
	Dr Sidney Sax	ACT
	Dr Roger Vanderfield	NSW
1991	Dr Maurice Cleary	NSW
1983	Dr Ronald Webb	VIC
	Assoc Prof Trevor Wood	NSW
1981	Dr William Keane	VIC
	Dr William McCoy	SA
1979	Dr Harry Kramer	NSW

1978	Dr Gad Trevaks	VIC
1977	Dr Roderick McEwin	NSW
1976	Dr John Shepherd	VIC
1975	Sir Henry Winneke	VIC
	Dr Bernard Nicholson	SA
	Dr Cyril Cummins	NSW
1974	Dr Ian Howard	VIC
	Sir William Refshauge	ACT
	Dr W E E (Sam) Langford	VIC

- Presentation (including the use of audio-visual aids);
- Relevance of topic to the Conference theme;
- Originality; and
- Content

The winner is announced at the Langford Oration and is presented with the Margaret Tobin Challenge Medallion and a prize.

NEW FELLOW ACHIEVEMENT AWARD

This award has been established to recognise the contributions made to RACMA by Fellows of less than five years standing. Winners of the award have demonstrated an ongoing commitment to RACMA role and objectives and demonstrated leadership in an area that promotes College activities.

Achievement Award Winners

2008	Dr Michael Hills	NSW
	Dr Susannah Ahern	VIC
2007	No award	
2006	Dr Tamsin Waterhouse	NSW
2005	Dr Gabrielle Du Preez Wilkinson	Qld

MARGARET TOBIN CHALLENGE AWARD

Previously known as the Challenge Award, this award was renamed in December 2002 after the late Dr Margaret Tobin, to provide long lasting recognition of her immense contribution to the College. The award is for the best twelve-minute presentation by a College Candidate. Each State/Territory & New Zealand nominates a Candidate for this award. The presentations and judging take place during the Annual Conference. Candidates speak on a topic of their choice.

The judging criteria are:

Challenge Award Winners

2008	Dr Erwin Loh	VIC
2007	Dr Marc Lacos	NSW
2006	Dr Nick Fletcher	NSW
2005	Dr Malcolm Mohr	VIC
2004	Dr Alison Dwyer	VIC
2003	Dr Craig Margetts	QLD
2002	Dr P.K. Loh	WA
2001	Dr Mark Lubliner	VIC
2000	Dr John Gallichio	VIC
1999	Dr Campbell Miller	VIC
	Professor Leslie Burnett	NSW
1998	Dr Leonie Katekar	TAS
1997	Dr Bernard Street	VIC
1996	Dr Jennifer Majoor	VIC
1995	Dr Andrew Baker	NSW
1994	Dr John De Campo	VIC
1993	Dr Michael Cleary	NSW
1992	Dr Shane Kelly	WA
1991	Dr Richard Cockington	SA
	Dr Marcus Hodge	ACT
1990	Dr Michael Walsh	WA

ESSAY COMPETITION

The essay competition was held 1993 - 1997. It provided Fellows, Members and Candidates with an opportunity to display their literary prowess by producing a short essay on a specified topic.

Essay Competition Winners

1997	Dr Brian Fotheringham	SA
1996	Dr Andrew Baker	NSW
1995	Dr Brian Fotheringham	SA
1994	Dr Brett Hunt	WA
1993	Dr Brian Fotheringham	SA

CILENTO ORATION

The Cilento Oration is named after Sir Raphael Cilento, MD, MB BS, DTM&H, FRSA, Barrister-at-law, a distinguished medical administrator and first Director-General of Health and Medical Services in Queensland. The Cilento Oration is an annual event of great significance to the Queensland State Committee of the College. The Oration was established following a donation by the Cilento family.

The aims of the Oration are to:

- provide an on-going tribute to Sir Raphael Cilento
- promote medical administration
- make public the views of experts in medical administration and related fields
- provide a forum for public expression of the activities and objectives of the College

WOODRUFF FUND

A fund has been established through a donation from the late Dr P Woodruff to assist the President and the Secretariat in their activities. It may be used for purposes such as research and its use must be approved by the President.

STATE/TERRITORY, NEW ZEALAND AND HONG KONG COMMITTEE FUNDS

Each State/Territory & New Zealand may maintain up to \$25,000 in bank account/s. All income, including proceeds from educational courses is required to be deposited in these accounts. Funds in excess of \$25,000 must be transferred to the National Secretariat.

Where a State/Territory & New Zealand Committee requires supplementary funding from the National Secretariat for its

operating expenses then an application should be made to Council with a detailed justification for the request.

The establishment and maintenance of special funds held in trust by a State or Territory Committee are to be approved and monitored by the National Secretariat.

Each State/Territory & New Zealand Committee is required to maintain appropriate records and invest funds in accord with the College investment policy.

Each State/Territory & New Zealand Committee is required to report monthly financial activity and submit copy of a quarterly report using a standard template provided by the National Secretariat.

State/Territory & New Zealand Committee funds will be subject to external the annual audit which is performed centrally via the National Secretariat.

PART B BECOMING PART OF THE RACMA COMMUNITY

BACKGROUND

RACMA is the body responsible for setting educational standards, training and examination of medical managers in Australia and New Zealand, leading to the award of Fellowship (FRACMA).

Leadership in health care and health service delivery by medical practitioners with skills and qualifications in management has long been recognised as an important element of hospital management. The growing impact of higher expectations of quality and safety in health care and the importance of robust appointment, credentialing, scope of practice and performance development and review procedures for medical staff underpin the need for a well trained and competent medical manager workforce into the future.

RACMA believes that high quality medical management is crucial to the overall safety and quality of medical service provision and particularly in ensuring that robust systems underpin all facets of health service delivery. As professional Medical managers are skilled and involved in a range of activities that are crucial to sustainable health care delivery, they have a direct and immediate effect on the delivery of health care in Australia's hospitals.

RACMA Fellows have a critical role in: planning health care services; defining the scope of services that can safely be provided in particular clinical settings; ascertaining the appropriate credentials of medical professionals who are likely to be competent to provide those services; recruiting medical professionals; creating professional relationships between employing/contracting health services and

medical professionals so as to foster retention and ongoing delivery of quality health care.

The key characteristics expected of a RACMA Fellow are:

- Contemporary knowledge of medicine, health and management issues
- Ability to influence clinicians especially medical clinicians, with health management and planning functions
- Respected profile in the health community
- Skills to lead various clinical and administrative teams
- Ability to interact effectively with people at all levels
- Ability to lead safety and quality initiatives
- Effective resource managers
- Maintainers of strong professional and ethical standards
- Breadth of experience
- A strong systems approach to health care delivery
- Ability to articulate a vision and drive improvement
- Ability to encourage and assist with the education and research activities carried out in hospital and health settings

How do you become a member of this Community?

MEMBERSHIP CATEGORIES

The College has a variety of membership categories ranging from full Fellowship to Membership. In addition the College

recognises that as Fellows and Members retire or move on they need to maintain their networks and information sources. The College therefore has retired Fellow and Member categories.

There are two forms of potential members of RACMA; Fellow or Member. To become a Fellow a person must undertake the RACMA Candidature program. Below is a brief explanation of each membership category. Each category is outlined below and the application forms are available on the website.

1. FELLOW (FRACMA)

This is the most senior category of membership within the College and carries with it the entitlement to use the post-nominals - FRACMA (*Fellow of the Royal Australasian College of Medical Administrators*). It is a recognition of the fact that a person is not only a medical specialist with a minimum of three years clinical experience and over three years experience in medical management but has also undertaken, and successfully passed, a defined and rigorous course of formal studies at post graduate level at a recognised university, supervised and mentored workplace education and administrative training, as well as passed a College based training program and final examination.

WHY BECOME A RACMA FELLOW?

RECOGNITION

It is the College's goal that a majority of medically qualified health service managers in Australia will be either Fellows or working toward Fellowship through RACMA's candidacy program. FRACMA is a medical specialist qualification recognised and formally accredited by the Australian Medical Council (AMC).

The complexities of modern health services demand that those who manage them have a higher order of management and leadership skills. The human resource and financial/budgeting demands of the 21st century health organisation place enormous pressures on these organisations and their managers.

As a direct consequence, employing bodies increasingly require prospective medical managers who have management and administrative education and training to a university degree level.

Being entitled to use the post-nominal of FRACMA means that you have met the requirements of a high level of training in medical management, have substantial supervised experience in medical management and are in '*good standing*' with the College.

REWARD

A number of Australian States are additionally remunerating those medical managers who have RACMA Fellowship. By being a FRACMA you are recognised as a Medical Specialist and thus are eligible for fellowship and employment rewards that accrue for this standard.

OTHER FELLOWSHIP BENEFITS

- Increased involvement with clinical and medical management colleagues in discussing matters of mutual interest and concern.
- Formal continuing professional education based on a concept of small groups of clinical colleagues. This offers each individual an opportunity to decide on a particular area where he/she wishes to broaden his/her knowledge and experience.
- The opportunity to develop administrative and management skills and increase professional networks by attending scientific meetings and current issues forums and an annual RACMA Conference.

- Support of the College essential in registration and credentialing processes to practice, for ongoing employment and career development.
- Assistance in keeping up-to-date with current developments through *The Quarterly* journal of the College and the Annual Report, regular emailed bulletins and through the Member Only section of the RACMA website: www.racma.edu.au

In order to become a Fellow of RACMA a person must first be accepted as a Candidate.

CANDIDACY

Minimum Pre-requisites for Admission to Candidature

- Medical undergraduate education in a recognised university
- Medical registration in Australia or New Zealand
- At least three years clinical experience in an Australian or New Zealand health system or its equivalent

Once accepted as a Candidate each person must undertake, submit and successfully pass the following:

- Approved supervised medical administrative experience of three years full time;
- Academic studies involving an approved Master's program at a recognised Australian university or equivalent;
- A College based study program.
- Be in good financial standing with the College.

Full details of the Candidacy Program can be found in Part C. Application enquiries should be directed to RACMA's Chief Executive (Tel +61 3 98244699). Application forms can be obtained from the College website (www.racma.edu.au)

2. MEMBER (MRACMA)

Introduced in 1993, Membership is designed for clinicians and other medical graduates with some involvement in medical management. **THIS CATEGORY IS AT PRESENT UNDER REVIEW**

Minimum Requirements for Membership

- A minimum of three years of clinical experience;
- Current registration as a medical practitioner;
- Involvement in medical management activities; and an undertaking to participate in the College's continuing education program.

Full details of how to become a Member along with an application form can be found in Part C Application enquiries should be directed to RACMA's Chief Executive (Tel +61 3 98244699). Further application forms can be obtained from the College website (www.racma.edu.au) or the College's National Secretariat

WHY BECOME A MRACMA?

Members are entitled to use the post-nominals (MRACMA) and receive a College Testamur.

Members receive the benefits of:

- Increased involvement with medical management colleagues in discussing matters of mutual interest and concern.
- Formal continuing professional education based on the concept of small groups of clinical colleagues. This offers each individual an opportunity to decide on a particular area where he/she wishes to broaden his/her knowledge and experience.
- The opportunity to develop management skills and increase

professional networks by attending scientific meetings and current issues forums and an annual RACMA two-day Conference

- Assistance in keeping up-to-date with current developments through *The Quarterly* journal and the Annual Report, regular emailed bulletins and through the Member Only section of the RACMA website.

3. RETIRED FELLOWS/MEMBERS

Once a Fellow or Member has retired and is no longer receiving remuneration many want to retain the fellowship of their College, to continue to discuss issues and network with colleagues and to receive information about their profession; hence the establishment of this category of membership.

HOW TO JOIN THE COLLEGE

Enquiries should be directed to:

The Chief Executive
The Royal Australasian College of Medical Administrators
10/1 Milton Parade
MALVERN VIC 3144
Telephone: +61 3 98244699
Facsimile: +61 3 98246806
Website: www.racma.edu.au
Email: info@racma.edu.au

Application forms can be found on the College's web site.

The application form must include:

- the current application fee
- copy of the current certificate of medical registration
- a detailed curriculum vitae including all clinical and management positions held
- copy of the applicant's present position description

- academic transcript showing post graduate courses and results
- Contact details for three referees

Application forms are usually processed within one month. Prospective Members and Candidates will receive an acknowledgement whilst their application is being considered by the Censor-in-Chief.

Candidates

The Censor-in-Chief will make a recommendation to Council (under Rule 22) and provide an assessment of the both the Candidate's clinical and management experience. Prospective Candidates will then receive advice as to the status of their application for enrolment.

The candidacy start date is the date of Council approval of the application.

At this time enrolment papers are forwarded to the appropriate Chair of the Board of Studies who will arrange for a Preceptor to be appointed. Candidates are then advised of this decision by the Chair of the Board of Studies.

Approval to sit the oral examination will only be granted to Candidates# who have:

- an approved Masters degree
- completed approved medical management experience
- a Satisfactory Case Study pass- written and oral
- completed the Management Practice Folio
- a Preceptor report for each year of supervised experience (3 reports for the majority of candidates with a minimum of 2 for those who have been granted 24 months retrospective administrative experience by the Censor in Chief)
- attended at the 2 day and 4 day workshops
- current medical registration
- no outstanding training fees

Candidates with a post-graduate clinical fellowship and at least 5 years senior management experience and candidates with extensive full time medical management experience, but no clinical fellowship may not need to meet all of these requirements. These candidates may apply for advanced standing and achieve an accelerated pathway to fellowship. Enquiries should be made to the Chief Executive or the Censor-in-Chief. Application forms for Advanced Standing are accessible on the College web site at www.racma.edu.au

Candidates who have not completed the approved three years of medical management experience may, with the specific written approval of the Censor-in-Chief, be permitted to sit the final oral examination, but will not be recommended for election to Fellowship until the three years of approved experience period has been completed.

ELECTION TO FELLOWSHIP

The Fellowship of the College is normally awarded following examination. In certain circumstances, Honorary Fellowship (Rule 28) may be awarded.

Rule 28

The Council may from time to time elect as Honorary Fellows of the College such distinguished persons as it thinks fit who satisfy the following criteria:

1. Have demonstrated significant management skills at a senior executive or academic level.
2. Have contributed to the improvement of health in their country.
3. Are recognised as a leader in their field of endeavour.
4. Whose election to Fellowship will contribute to the standing of the College.

Such Honorary Fellows shall enjoy none of the voting or other privileges of Fellows of

the College nor shall they be required to pay any entrance fee or membership dues but such Honorary Fellows shall be bound by the constraints of Rule 30.

FEES

The 2008-2009 scale of fees determined by Council appears below and is visible on the College web site. Council has been advised that this fee structure is comparable to, or at a lower level than, that of other medical colleges. All fees are GST inclusive for Australian residents.

Fellows

Annual Subscription Fee	\$1,495
Hong Kong Fellows	\$544
Retired Fellows	\$374
Fellows 70+	No fee levied

Life Fellows are exempt from further fees.

Members

Application Fee	\$1,100
Annual Subscription Fee	\$897.60
Retired Member	\$374

Candidates

Application Fee	\$660
Advanced Standing Fee	\$2,002
Registration Fee	\$550
Annual Training Fee	\$906
Annual MPF Fee	\$550
Induction Workshop	\$1,100
Pre-exam Workshop	\$3,550
Case Study Fee	\$600
Oral Examination Fee	\$1,350
Election to Fellowship	\$605

Note: The above fees are inclusive of Australian GST. Fees for Overseas members do not have GST added.

The Chief Executive/Honorary Treasurer has some discretion to allow a reduction in fees in individual cases of hardship.

PART C EDUCATION & TRAINING PROGRAMS

There are two key College programs:

1. Fellowship Training Program
2. Continuing Education Program (CEP)

This section provides an overview of these two programs.

1. Fellowship Training Program

1.1 ADMISSION REQUIREMENTS

To be considered for the Candidacy Program a person must have:

- Completed a medical degree at an recognised Australasian university or equivalent;
- Current Medical registration in Australia or New Zealand; and
- At least three years clinical experience in an Australian or New Zealand health system or its equivalent.
- Access to appropriate supervised medical management experience over the period of the Fellowship Training Program.

CLINICAL EXPERIENCE

The College includes the intern year for the purposes of approved clinical experience. Positions which will be approved include hospital appointments (eg. junior resident medical officer, senior resident medical officer, registrar, etc.), general practice, army/ airforce/ navy medical practice, Commonwealth or State Medical Officer appointments.

OVERSEAS EXPERIENCE

The College Constitution requires that applicants who are not registered to practice medicine in Australia or New Zealand be considered by the Council on an individual basis.

Applicants who have obtained an overseas qualification will have that qualification assessed by the Chair of the Board of Studies in their State/Territory/New Zealand, or by an appropriate person nominated by the Censor-in-Chief. Please contact the College for further information.

ACCESS TO SUPERVISED MEDICAL MANAGEMENT EXPERIENCE

A minimum of three years' supervised medical management experience will be required in the training program. Preferably this practical experience should include experience in a variety of fields such as hospitals, mental health services, community health services, statutory authorities and government departments; however, experience in one field may be acceptable.

Medical management experience may be gained on a full-time or part-time basis, provided that the total experience is equivalent to a minimum standard of three years. During this three year period, the Candidate will train under the guidance of a nominated workplace supervisor and a College Preceptor.

The Censor-in-Chief has final authority over the approval of the training post/site. Advice will initially be sought from the Chair of the State and Territory Board of Studies and such other persons as necessary to make an assessment of the Candidate's proposed work experience.

Positions, which will be approved as satisfactory, include hospital appointments such as Medical Director, Deputy Medical Director, Assistant Medical Director, Fellow or Registrar in Medical Administration,

etc., health authority appointments and army/ airforce/ navy appointments. It is important that full and precise details of current and previous positions be included on the enrolment form, together with an estimate of the proportion of administrative work where joint clinical and administrative positions are held.

RESEARCH

Up to twelve months of the approved medical administrative experience may be completed in full-time health management research.

Approval for management experience already gained at the time of acceptance as a Candidate of the College will be limited to no more than 24 months, provided that such experience will in all other respects meet the requirements of competency in the Fellowship Training Program.

FULL-TIME STUDY

Periods of full-time study undertaken by Candidates will not be counted towards the approved supervised medical management experience component of the training program.

Overseas management experience (Australian Graduates registered in Australia)

Management experience gained overseas by College Candidates who are registered as medical practitioners in Australia will be approved only if the experience is otherwise comparable with that in Australia or New Zealand and is supervised either by a College Fellow resident in that country or a supervisor approved by the Censor-in-Chief. Candidates must complete a recognised university masters degree and are expected to arrange enrolment in an approved course of study (details of university masters degrees undertaken by past candidates are listed on the College web site). A maximum of one year overseas experience can be counted towards Fellowship.

1.2 ADVANCED STANDING

The Censor-in-Chief can recommend advanced standing for supervised medical administrative experience for certain senior doctors. This advanced standing will be determined on an individual basis and is subject to a formal application process, using the appropriate form on the RACMA website

1.3 OVERSEAS QUALIFICATIONS

Examination of all Candidates, including those from overseas, will be undertaken within the context of the Australian and New Zealand health care system.

Candidates residing overseas will be made the responsibility of a Board of Studies Chair in Australia. The Censor-in-Chief will make appropriate arrangements on a case by case basis.

1.4 INACTIVE CANDIDATES

Each year, the Censor-in-Chief reviews the files of Candidates who have been inactive. If a Candidate has been inactive for a period of three years, the Candidate's name may be removed from the College register. Any such Candidate will not be entitled to receive a refund of monies paid to the College. If the Candidate wishes to re-enter the program, his/her status regarding exemptions will be reassessed on the rules which are current at that time.

To remain active, a Candidate must:

- show evidence of continuing progress in his/her studies; and
 - remain in good financial standing with the College.
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1.5 2008/2009 TRAINING CALENDAR

Significant dates on the training calendar are set out in Appendix 1. These dates are accurate at the time of publishing this handbook and Candidates are advised to monitor for changes but contacting the Secretariat.

1.6 TRAINING PROGRAM STRUCTURE

The College's Fellowship Training Program has three strands:

- approved workplace supervised medical management experience over three years;
- theoretical studies involving an Australian (or equivalent) university Master's degree program containing the core units determined by RACMA;
- satisfactory completion of the RACMA training program. This program includes:
 - i. Participation in College Workshops.
 - ii. Participation in a College personal mentoring or coaching program (Preceptorship).
 - iii. Completion of a Management Practice Folio.
 - iv. Satisfactory pass of a reflective case study in two components: written and oral presentation.
 - v. Three annual Supervisor/Preceptor Reports.
 - vi. Successful completion of oral examination involving a general viva to establish the Candidate's knowledge and expertise in the area of health services management.

In Appendix 2 there is a table that sets out these key training events for Candidates.

1.7 Training Program Management

1.7.1 CENSOR-IN-CHIEF

The Censor-in-Chief is appointed by the College's Council and is responsible for:

- supervising the overall educational and examination program of the College;
- developing the program of study in association with individual Censors;
- conducting examinations;
- recommending Candidates and Members to Council for admission to the College;
- determining eligibility for admission to College training programs; and
- determining exemptions in theoretical and experiential components of the educational programs;

All communications with the Censor-in-Chief should be addressed via the National Secretariat in Melbourne. The current Censor-in-chief is Dr Lee Gruner.

The Preceptor Co-ordinator, the Censors and the State/ Territory & NZ Chairs of Boards of Studies assist the Censor-in-Chief with the education and examination programs of the College.

1.7.2 BOARD OF TRAINING AND CONTINUING EDUCATION

This Board comprises the following persons:

- Censor-in-Chief (Chair)
- Censors
- Chairs of State/Territory/New Zealand Boards of Studies
- Preceptor Co-ordinator
- National Director CEP/R

The present composition of the Board of Training and Continuing Education is as follows:

Censor-in-Chief
Dr L Gruner

National Director Continuing Education/Recertification

Dr B Street

Censors

Dr W Beresford	WA
Dr S Kelly	WA
Dr R Ashby	QLD
Dr M Mackertich	NSW
Dr B Kotze	NSW
Dr D Smith	NSW
Dr L Lee	NSW
Dr J Majoor	VIC
Dr W Ramsey	VIC
Dr M Platell	WA
Dr R Lawrence	WA
Dr B Swanson	SA
Dr B Brenner	NZ
Dr T Waterhouse	NSW
Dr D Hood	NZ
Dr K So	Hong Kong
Dr SV Lo	Hong Kong

Preceptor Co-ordinator

Dr D Kasap NSW

The Board meets at least twice each year.

Censors are appointed by the Council on the recommendation of the Censor-in-Chief, normally for a period of three years.

1.7.3 STATE/TERRITORY/NEW ZEALAND BOARDS OF STUDIES

The Chairs of State/Territory and New Zealand Boards of Studies are appointed by Council on the recommendation of the Censor-in-Chief following advice from the relevant State/Territory and New Zealand Committee. Chairs of the State/Territory and New Zealand Boards of Studies are members (ex-officio) of the State/Territory or New Zealand Committee.

The term of office of the Chair of the Board of Studies is three years.

The responsibilities of the Chairs of the State/Territory and New Zealand Boards of Studies are as follows:

- to convene meetings of the Board of Studies, the members of whom are appointed by Council on the recommendation of the State/Territory and New Zealand Committee through the Censor-in-Chief;
- to liaise between the Censor-in-Chief and State/Territory & New Zealand Committees;
- to attend by invitation the annual meeting of the Board of Censors, held in association with the oral examinations, to discuss the various policy issues relating to the entrance requirements of the College.

The role of each of the Boards of Studies through the Chair is to:

- oversee the progress of Candidates within the State/Territory and New Zealand;
- work with the Preceptor Coordinator to allocate Preceptors for each Candidate within the State/Territory and New Zealand;
- assist Candidates in obtaining books and other literature as may be necessary for the examination process;
- advise the Censor-in-Chief concerning the appropriateness of positions relating to the College requirements for accredited experience;
- co-ordinate a management training programs and develop standards for accreditation of training positions;
- assist the Censor-in-Chief in the assessment of exemptions granted to Candidates for passing locally approved tertiary courses;
- review academic and experiential training for individual Candidates and make recommendations to the Censor-in-Chief as appropriate;
- organise trial oral examinations for Candidates from time-to-time;

- review reports from Preceptors on the progress of each Candidate and submit these to the Censor-in-Chief;
- counsel Candidates who have unsatisfactory examination results or who are the subject of unsatisfactory Preceptor reports;
- report items of contention, interest or difficulty that Candidates have experienced in that State/Territory and New Zealand to the Censor-in-Chief;
- make recommendations to the Censor-in-Chief as to whether university courses satisfy College requirements for theoretical studies. In making such recommendations, each State/Territory and New Zealand Board of Studies, through its Chair, is responsible for monitoring any changes in title or content of local courses;
- provide such advice and reports to the Censor-in-Chief as requested;
- report on a regular basis to the State/Territory & New Zealand Committee and to be involved with that Committee in developing education, experience and training programs;
- be involved in the selection of Candidates applying for Fellowship in Medical Administration in the State and Territory where applicable;
- assist the State/Territory & New Zealand Committee in its post-graduate continuing education role.

The Chairs of State/Territory and New Zealand Boards of Studies throughout Australia are as follows:

Australian Capital Territory

Dr Peter Wilkins
Dr Jennifer Baker

New South Wales

Dr Steevie Chan

Queensland

Dr Gabrielle du Preez-Wilkinson

South Australia

Dr Susan Svilans

Tasmania

Dr Paul McCann

Victoria

Dr Wayne Ramsay

Western Australia

Dr Mark Platell

New Zealand

Dr David Rankin

Contact details for each of the above are available on the College website, www.racma.edu.au

1.7.4 POLICIES

Candidates should be aware of the policies, procedures and guidelines that govern the fellowship training program. These are all located on the College web site at www.racma.edu.au in the My College section.

1.8 PRECEPTORS

A Preceptor is a Fellow of the College actively engaged in the field of medical administration. S/he is not responsible for the day-to-day supervision of the Candidate and is not employed within the same institution as the Candidate. The Preceptor will not be responsible for more than three Candidates at any one time.

The Preceptor's responsibilities are as follows:

- to provide guidance and assistance to Candidates;
- to advise on the management work of the Candidate. In particular, the Preceptor should monitor the Candidate's progress and the nature of his/her duties. She/he will liaise with the supervisor regarding the

Candidate's management experience and performance;

- to meet with the candidate's supervisor at least twice a year to clarify the candidate's work experience and complete the supervisor/ preceptor report
- to provide guidance on and to certify that the Candidate's written tasks are based on real experience;
- to certify that the Candidate's three years management performance has been satisfactory;
- to review the practical management experience provided for Candidates and to negotiate any desirable changes with the appropriate authority;
- to report annually to the Chair of the relevant Board of Studies and, if required, the Censor-in-Chief, on the Candidate's progress.
- To oversee and submit the final reflective case study

PRECEPTOR/CANDIDATE CONTACT TIME

Ideally, a Preceptor should be responsible to support the Candidate for their three years' medical administrative experience.

The Preceptor should set aside regular time to spend with each Candidate, reviewing the Candidate's activities and being available to answer queries. Preferably this will be face to face.

For the success of this arrangement, it is essential that Preceptors are fully committed to their responsibilities and that Candidates take full advantage of the formal opportunity to discuss their performance.

1.9 PRECEPTOR CO-ORDINATOR

The Preceptor Co-ordinator assists the Censor-in-Chief and Chairs of Boards of Studies in with the development and conduct of the preceptorship program.

1.10 SUPERVISOR

This is a person who supervises a Candidate's day-to-day work. This person is appointed by the hospital or health service in which the Candidate is employed and may or may not be a Fellow of the College and may or may not be medically qualified

1.11 STUDY PROGRAM

1.11.1 Competencies

The Fellowship Training Program curriculum is competency based one. The current RACMA Competency Framework is accessible on the College web site and in Appendix 3. These competencies describe in summary form the knowledge, skills and attitudes that are the outcomes the College expects of a competent medical manager.

There are 7 sets of Competencies in the RACMA Competency Framework:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

Assessment of the Candidate derives from these competencies and the integrated program of learning strategies and training experiences that is provided. Candidates will be assessed on **what they actually do** as a result of the training, rather than on what they may be able to do.

All medical management experiences, workshops, Preceptor reports, etc., are aimed to maximise the Candidate's learning and capacity to demonstrate the competencies.

1.11.2 MASTERS DEGREE

Candidates are required to complete a recognised university Master's degree. This formal university study contributes to develop the theoretical understanding that underpin the behavioural components demonstrated in achievement of the College's core competencies.

Candidates complete recognised masters degree programs in a range of Australasian universities which have included Master of Business Administration, Master of Public Health, Master of Health Administration.

The College no longer specifies the specific university masters program. This is because the interests and needs of Candidates vary. The College does however prescribe the core areas of formal university study which should be undertaken:

- Health Law
- Health Economics
- Health Care Systems
- Financial Management in Health
- Epidemiology/Bio-Statistics

Also Candidates must include a minimum of 2 relevant management units and other appropriate electives, e.g.

- Public Health
- Quality and Safety
- Medical Ethics
- Governance
- Leadership
- Organisation
- HR/IR

Candidates are advised to discuss their preferred study program with their relevant Chair of their State/Territory/New Zealand Board of Studies and their preferred university to ensure that they satisfy College requirements. **No exception to this requirement is acceptable without the**

prior approval of Council and on recommendation from the Censor-in-Chief.

Candidates who plan to undertake an MBA should discuss the subject content of their planned program with the Chair of their State/Territory/New Zealand Board of Studies.

Candidates may be permitted to enrol in single subjects in some institutions if supplementary subjects are required.

Graduate Diploma courses do not satisfy the College requirements for Fellowship. In some instances universities may give credit for subjects completed at Graduate Diploma level towards a Masters degree. Any Candidate who has completed a Graduate Diploma would need to discuss this matter with the relevant university.

NOTE: THE REQUIREMENTS ARE MORE FLEXIBLE FOR THOSE SENIOR DOCTORS WHO HAVE BEEN GRANTED ADVANCED STANDING TO UNDERTAKE AN ACCELERATED PATHWAY. EACH APPLICATION WILL BE ASSESSED ON ITS MERITS BY THE CENSOR-IN-CHIEF

Candidates are required to make their own arrangements to enrol in an approved course of study and are strongly urged to contact their preferred tertiary institution at least six months prior to their expected commencement date to obtain advice on enrolment procedures. Higher education fees for Masters degree programs may be levied by the university in which you enrol. These fees vary and the level of fees ultimately paid is the Candidate's decision.

A number of universities offer Masters programs by distance/on-line mode.

The masters degree courses that have been undertaken before by Candidates are listed on the web site. Such courses regularly change and so the College no longer specifies which degree is best undertaken.

The *Master of Health Management* program offered by the University of New South Wales is the most commonly selected program but by no means the only program from which to select.

Some of the subjects offered in the Diploma in Aviation Medicine program and the Master of Science in Occupational Medicine program are recognised as **partially** satisfying College requirements.

The College undertakes a systematic review of available masters programs on a three year bases consequently this list may not be exhaustive. Courses are continually evolving and therefore it is important to check with the respective Board of Studies in the first instance.

Studies can be completed by distance mode, on-campus mode, full or part time. RACMA has a strong preference for studies to be completed as course work.

If there is any doubt contact the National Secretariat for further information or advice.

OVERSEAS QUALIFICATIONS

Candidates who have obtained an overseas Masters qualification will have that qualification assessed by the Chair of the Board of Studies in their State/Territory or NZ or by some other person nominated by the Censor-in-Chief. Please contact the College for further information.

1.11.3 WORKSHOPS

The College Workshops are compulsory for Candidates. Candidates must attend the Induction and the Pre-Fellowship Examination Workshops during their candidacy.

The first, the **Induction Workshop**, is held in February each year and is for new

Candidates (C1). In 2009 this workshop will be held in Sydney on 17 and 18 February.

In 2008 a **Writers Workshop** was introduced to assist Candidates with preparations for the Reflective Case Study. This workshop will be re-run in 2009 and all Candidates should consider attending this workshop.

The **Pre-Fellowship Examination Workshop**, is held in April of the year in which the Candidate plans to sit the Oral Examination. In 2009 this workshop will be held in Melbourne on 27, 28, 29 and 30 March.

Consideration is being given to a further workshop in year level 2. All 2009 commencing candidates will be required to participate in this workshop. Advice will be provided about this during 2009.

Workshops are reviewed annually and variations made to the program based on candidate feedback and the evolving needs of Candidates and the medical management field.

1.11.4 SUPERVISED MEDICAL ADMINISTRATION EXPERIENCES

The Candidate will work with their workplace supervisor, and their Preceptor to prepare a training plan and to monitor progress towards achieving the required competencies. There will be an annual Supervisor/Preceptor Report completed to help the Candidate receive feedback about performance, to monitor progress and set goals for the following period. These reports will be submitted to the Chair of Board of Studies for overview.

1.11.5 SUPERVISOR/PRECEPTOR REPORTS

As part of assessment of the medical administrative component of the program Candidates will receive three Supervisor/Preceptor reports before they are accepted for examination.

1.11.5 Management Practice Folio

From 2008 all new Candidates will be required to compile a Management Practice Folio (MPF). Guidelines for the MPF are accessible on the College web site.

12 months AS	70 points
24 months AS	40 points

The Folio of work will comprise reports by the Candidates derived from their medical administration experiences in the workplace. The Folio work is negotiable to reflect the specific needs of the Candidate to develop the required competencies, as well as the nature of the workplace and the opportunities accessible to the Candidate. Thus, the MPF may contain any or all of the following:

- published journal articles;
- reflective evaluations of work-place experiences
- letters to the editor;
- business case for the introduction of technology or new service delivery;
- a medico legal case analysis
- a case study on a health/administrative problem encountered, or project undertaken. The topic selected by the Candidate must be approved by, and completed to the satisfaction of, the College;
- a Business Plan
- a change proposal
- other as appropriate

The Letter to the Editor is one compulsory task in the Management Practice Folio and is awarded 20 points.

Aim

The aim of the Management Practice Folio is to allow Candidates to record, analyse and reflect on their medical management experiences.

It is important that the folio demonstrates a link between theory and practice.

Completion of the MPF is represented by accumulation of 100 points. For Candidates with Advanced Standing (AS) there will be a prorate allocation as follows:

Candidates will be advised of their requirements at the time candidacy is approved by Council.

1.11.6 REFLECTIVE CASE STUDY

Guidelines for the Reflective Case Study are accessible on the College web site.

NOTE: THE CASE STUDY ASSESSMENT WILL BE CONSIDERED IN AWARDING THE BERNARD NICHOLSON PRIZE

REFLECTIVE CASE STUDY PREPARATION

The case study is an integral part of the Fellowship Training Program. It has two components:

- Presentation in written form in the second level of candidacy
- Oral Presentation at the Pre-Examination Workshop (4 day) in the third level of candidacy.

Supervision

The primary role of the Preceptor is to guide the Candidate through the case study in terms of the skill base that is required to be developed and utilised in completing the task.

Assessment

The assessment of the case study will be undertaken as a two step procedure and both steps need to be rated satisfactory for the Candidate to gain an overall satisfactory grading.

It is considered important that a Candidate possesses both written skills and presentation skills to work effectively as a medical manager and both of those skills will be assessed as part of the case study.

The word limit of the Reflective Case Study - 3,500 words - should be seen as a ceiling, not a target, when preparing the case study. There is no penalty for going below this word limit. It is an art that needs to be

developed for all managers to contain and or prune complex issues into a working readable aliquot.

The case study is a *reflective piece of writing* and therefore requires a different writing style. Candidates are encouraged to attend a Writers Workshop run by the College annually. Reading materials about reflective process and writing are available from the College.

The content of the written paper should contain an introduction where the management experience is described and contextualised. It should contain a reflective analysis of the Candidate's experience and learning process. It will include a commentary on the learning gained from the experience as this relates to the College's medical management competencies.

Candidates must inform the Censor for the Management Practice Folio (Dr Lyn Lee) by September in the year prior to the oral that they intend to submit a reflective case study. Candidates and preceptors should clarify any issues about this case study with Dr Lee.

The second part of the Case Study is a mandatory oral presentation.

This presentation will be a twenty-minute presentation delivered at the four-day Pre-Examination Workshop and consists of the presentation plus up to ten minutes of questions from other Candidates.

The content of the presentation should be an educational and/or learning experience for both the Candidate and the other Candidates listening to the presentation.

In the oral presentation the Candidate will be required to provide an outline of their experience and the competencies developed during the process.

Topic

In determining an appropriate subject for study, Candidates must discuss their proposal with their Preceptor as well as with their tutor.

In deciding upon a topic, Candidates should consider events in which they have been directly involved, preferably as part of their management training.

General

Case studies will be treated as confidential documents, but any particular sensitivity should be brought to the attention of the Censor for Case Studies or the Chief Executive. One copy will be retained by the College unless a specific request is made for destruction.

Candidates may be required to rework the case study to achieve a satisfactory standard.

Assessment results will be advised to Candidates as satisfactory or unsatisfactory only.

DATES FOR CASE STUDY IN 2009

For continuing candidates who submitted their case study in 2008, feedback will be given by 16 January 2009. Case Study re-writes are due by 27 February 2009 and by 27 March Candidates will be advised if they have achieved a satisfactory grade.

For other Candidates, September 1 2009 is the date by which the Censor for MPF is to be informed that a case study will be submitted.

December 1 2009 is the last date for submission of completed case study and approved cover sheet with preceptor sign off.

If the written case study has not been passed by the time of the 4 day workshop, the candidate will not be able to present the case study or sit the oral.

1.11.7 ORAL EXAMINATIONS

The pre-Fellowship oral examinations are held annually in conjunction with the National Annual Conference.

ELIGIBILITY TO PRESENT

Candidates are required to have successfully completed all elements of the Fellowship Training Program before they are eligible to present for the oral examinations, including satisfactory Supervisor/Preceptor reports to cover their period of approved medical administrative experience.

EXAMINATION FORMAT

Candidates will be assessed on their general skills, abilities, knowledge and experience as professional medical managers, using exam question material as the basis of discussion between Candidates and Censors.

The following areas are those in which Examiners will make assessments:

- general management principles;
 - current health policy initiatives;
 - medico-legal issues in health services management;
 - financial management of health services;
 - psycho-social issues in health services management;
 - human resource management in health services;
 - planning of health services, including epidemiological studies;
 - recent advances in health care;
 - analytical and presentation skills;
 - personal attributes of leadership.
- Candidates are expected to be aware of major health issues affecting the country as a whole (Aus or NZ) and states /territories where relevant.

Each Candidate will be assessed independently by four pairs of Censors for twenty minutes per pair. The assessments will be based upon discussions emanating from exam questions which the Candidates will have studied for twenty minutes

before meeting with the Censors. All exam questions will contain potential issues from the areas listed above. Candidates will be expected to elucidate from the exam questions and discuss them logically with the Censors. Presentation will be an important aspect of a Candidate's assessment. Candidates will have 7 to 10 minutes uninterrupted presentation before censors begin to ask questions.

To ensure validity and reliability, the potential issues to be recognised and the minimum responses expected from Candidates to achieve a pass assessment will have been discussed and agreed upon jointly by the Censors beforehand.

Examples exam questions and the method of assessment will be available to Candidates and State Boards of Studies, to enable Candidates to familiarise themselves with the examination style.

NOTE: A CHANGE IN FORMAT OF THE EXAMINATION IS BEING CONSIDERED TO ENCOMPASS BOTH SHORT AND LONG CASES but this will not apply for 2009

All Candidates are notified of results of the oral at the end of the day on which they are examined. Where a candidate has not passed but meets the guidelines for a supplementary oral examination, this will occur later in the day in which they were examined.

Candidates who have successfully completed all components towards Fellowship and who are to be admitted to Fellowship at the conclusion of the oral examinations are required to have paid all applicable fees, including their Fellowship annual subscription. The Chief Executive will advise Candidates of outstanding dues prior to the examination.

Following a recommendation from the Committee of Presidents of Medical Colleges, Council has decided that in

certain circumstances, observers from other Colleges may be invited to attend the oral examinations to observe their process and functions.

The Bernard Nicholson Memorial Prize may be awarded if a Candidate demonstrates outstanding overall performance in the oral examination and has completed a case study that does not require re assessment. The winner is determined by the Censors at the meeting of the Board of Censors held directly after the examinations and this is based on a set of clear criteria. The award of this prize is discretionary and the College may decline to make the award if, in the opinion of the Board of Censors and the Council, no Candidate meets the predetermined criteria

11.1.8 TRIAL ORAL EXAMINATIONS

Each State/Territory and New Zealand usually conducts trial oral examinations prior to the pre-Fellowship oral examination. The Chief Executive will advise each State or Territory Board of Studies of the names of Candidates for the oral examinations in their jurisdiction. The Chair of the Board of Studies will then contact individual Candidates to advise of the details for trial examinations.

The Chair of the Queensland Board of Studies traditionally welcomes all Candidates to participate in the trial examinations held in that jurisdiction. It is a Candidate's choice whether to participate.

STUDY GROUPS PREPARING FOR ORAL EXAMINATIONS

Candidates often find that the formation of a study group will assist in the preparation of the final oral examinations. It is up to Candidates to arrange such a study group, and if Candidates are unsure of those in their State/Territory or NZ who are undertaking the orals, they can contact either the Chair of the Board of Studies in their State or Territory, or the Chief Executive.

11.1.9 APPLICATION FOR ORAL EXAMINATION

Candidates who are eligible to undertake the oral examinations are required to make application in writing, including an examination fee, to the Chief Executive.

The next section describes the Continuing Education Program for Fellows and Members, Candidates are not expected to meet the requirements of this program during their candidacy.

2. CONTINUING EDUCATION PROGRAM

The design of the College's Continuing Education Program (CEP) is based on the following principles:

- Fellows and Members should be responsible for their own learning;
- Individual learning needs and styles differ;
- Fellows and Members have a variety of different skills and career paths;
- Fellows and Members have different needs and opportunities in their jobs.

The College CEP is compulsory for all Fellows and Members (MRACMAs) unless formal exemption has been granted. The policies relating to CEP are accessible on the College's web site.

2.1 STRUCTURE OF THE PROGRAM

To enable Fellows and Members to respond to their own learning needs and styles and yet incorporate a systematic program with standards and evaluation, a learning contract, usually for a period of one or two years, is designed within a *three year recertification period*. Options are available for fulfilment of continuing education requirements either through a group or individual contract basis.

The contract will define:

- objectives;

- proposed learning program;
- method of evaluation;
- accountability for meeting the contract.

The learning program may include:

- on-the-job experience;
- other work based experience (eg. Secondments);
- research;
- conferences/workshops;
- participation in learning sets.

A Learning Group is a voluntary association of 2-10 Fellows and Members mutually responsible for each others Continuing Education contracts. Where Learning Groups are established, a Fellow's or Member's learning contract will be with his/her Learning Group. The Learning Group will be responsible for validating the Fellow's or Member's Continuing Education compliance.

Fellows or Members who embark on an individual learning contract will need to liaise more frequently with their local CEP CO-ordinator who monitors participation.

CEP Contracts are reviewed annually and every three years the National Secretariat will each Fellow and Member with a certificate when signed off evidence of completion is submitted. The CEP Handbook provides all the details you need, as does the College web site.

2.2 CEP COMPETENCY DOMAIN MATRIX

The College has established a comprehensive competency matrix to guide Fellows and Members in their selection of professional development activities. This competency domain matrix is accessible on the College web site in the CEP section.

2.3 CEP CO-ORDINATORS MEETING

This consists of the National Director of Continuing Education/Recertification and State/Territory and New Zealand Co-ordinators.

The Committee meets quarterly, either directly or by telephone link up and, in particular, is responsible for:

- reviewing guidelines for the conduct of learning contracts and learning cells;
- receiving compliance reports from Learning Groups;
- monitoring the Continuing Education program;
- recommending future development of the Continuing Education program.

State Committees will facilitate the establishment and conduct of Learning Groups.

2.4 CEP MANUAL

A manual to assist Fellows and Members to develop their learning contracts and to establish Learning Groups is available from the College and is also on the website.

It is planned to review the CEP Manual in 2009. The CEP Manual is on the College web site at www.racma.edu

2.5 EXEMPTIONS

There are two main reasons why exemption from participation in CEP may be granted.

a) Some categories of membership are not required to participate in RACMA CEP, although they are encouraged to do so.

These categories are:

- Life Fellows
- Honorary Fellows
- Fellows and Members who are fully retired, that is, no longer routinely working in any field of medical management

b) In the case of periods of protracted leave, where an exemption has been applied for and granted.

Leave for this purpose is defined as a continuous period during which no practice of medical management is undertaken. In the case of requests for extended leave, that is, for longer than one year, exemption will be considered on a case-by-case basis, and if granted, will be reviewed annually. Examples include maternity or paternity leave, sick leave and long service leave.

The process for obtaining an exemption is as follows:

The Fellow/Member writes to the College requesting exemption, and stating the reasons for the request. This will be considered by the National Director Continuing Education/Recertification, who may also consult the local CEP Coordinator. The National Director's recommendation regarding exemption is then presented to Council, which gives final approval.

Those Fellows/Members in the specific categories in (a) above are automatically granted exemption by nature of their category of membership.

2.6 E-CEP

The College provides access to electronic tools for planning, recording and monitoring CEP.

Queensland Fellows and Members have a choice to access a tool developed in conjunction with ACRRM. Otherwise all Fellows and Members have access to the College's own e-CEP tool.

Enquiries should be directed to the National Secretariat regarding access.

2.7 CEP PARTICIPATION & ANNUAL AUDIT

A random audit of 10% of Fellows and 10% of Members will be undertaken each year, requiring the submission of documentation as determined by the National Director of CEP/Recertification.

2.8 CEP CERTIFICATION

Commitment to participate in continuing professional education through the RACMA Continuing Education Program includes the following elements:

RACMA CEP has a triennial cycle, commencing with the development of a CEP Plan, which is submitted to their local CEP Coordinator or agreed by the members of their learning group.

Every three years a Fellow or Member completes a report of activities undertaken in their CEP, which will be endorsed by their local CEP Coordinator and forwarded to the National Director, Continuing Education/Recertification for certification, including the issuing of a Certificate of Participation in the Continuing Education Program.

Fellows and Members are required to maintain ongoing records of their CEP activities, and may be requested to participate in annual random audits of this documentation.

For conjoint Fellows, the activities undertaken with another comparable college program may be considered to fulfil the RACMA requirements as long as they contribute to the development or maintenance of RACMA management competencies. Evidence of participation (as provided by the other college) must be provided through the standard approval process of the College, that is, via the appropriate local RACMA CEP Co-ordinator.

Fellows and Members who work overseas may submit activities undertaken overseas for recognition for RACMA CEP, provided

these activities are undertaken to contribute to the development, or maintenance, of RACMA management competencies and the medical management role of the Fellow. Evidence of participation must be submitted to the National Director CEP/Recertification in the standard RACMA format. In the case of Hong Kong Fellows and Members, evidence of participation will be submitted to the CEP Co-ordinator Hong Kong, and then forwarded to the National Director for certification.

Fellows and Members submit the required documentation for the purposes of certification through the College approval process in order to be considered to have fulfilled the requirements of mandatory participation.

From January 2009, a list of Fellows and Members actively participating in the College's CEP will be published on the public section of the RACMA web site annually.

2.9 RACMA MENTORING PROGRAM

The RACMA Mentoring Program is part of the College's Continuing Education Program and is supported by the College as an effective career development strategy. The RACMA Mentoring Program is aimed at providing support in career development for new Fellows by the establishment of a one-to-one relationship with an experienced Fellow whose professional knowledge and management skills will assist career development and provide the opportunity for new Fellows to meet their ongoing learning objectives.

Mentoring Program Procedures

The following procedures relate to the operational components of the Mentoring Program:

1. At the time of completion of requirements for Fellowship, each new Fellow will be offered the

opportunity to participate in the Mentoring Program. This will occur as part of the Orientation session for new Fellows at the Annual Conference, and/or by letter, with particular reference to new Fellows who complete requirements at other times during the year.

2. Experienced Fellows of the College will be invited to participate in the Mentoring Program and in doing so will be asked to provide brief details of career, qualifications and experience. This will be facilitated by the local CEP Coordinators, supported by the National Secretariat. The list of available mentors will be reviewed by the CEP Committee on an annual basis.
3. Details of the Mentors available will be provided to new Fellows, who will be asked to nominate preferences among the available Mentors. The Mentor is then asked if he/she is willing to accept that new Fellows as their Mentee and if agreed, the Mentee is then informed of this outcome.
4. A further invitation will be made in the relevant December each year to new Fellows who have not yet accepted the offer to participate, to ensure maximum participation in the Program.
5. It is proposed that the Mentor/Mentee relationship continue for a minimum of twelve months. This will enable review, turnover and opportunities for other participants.
6. Mentoring arrangements between the Mentor and Mentee will be flexible. The parties may choose to meet regularly or when there is need to focus on a particular issue. It is recommended however that regular face-to-face meetings be held and supported with telephone

and e-mail communication as required.

It is important that the Mentor encourages and/or initiates meetings and makes regular contact with the Mentee.

7. If the Mentor/Mentee relationship is not successful then it is possible to put a new mentor/mentee arrangement into place. This should be initiated via contact with the local CEP Coordinator and/or via the National Secretariat.

In addition, RACMA is regularly involved in programs underwritten by the Support Scheme for Rural Specialists (SSRS).

Further details about the RACMA Mentoring Program can be obtained by calling the National Secretariat.

2.10 MANAGEMENT FOR CLINICIANS

Clinicians responsible for the delivery of health care services, training and research have always been involved in health management at all levels. Traditionally, the priorities of clinicians have been patient care, teaching and research, but increasingly they are being required to develop management skills.

The College now has established programs offering assistance to a diverse range of medical practitioners who are involved in active clinical practice, academic and research pursuits, but who also take a leadership role in health care.

Short programs are provided at least annually in Victoria and New South Wales and less regularly in other state.

PART D OTHER INFORMATION

COLLEGE PUBLICATIONS

The College issues a number of publications, which are detailed below.

THE QUARTERLY

The Quarterly is issued to all Fellows, Members, Candidates and potential Members. Current and past issues are on the College website, www.racma.edu.au Items included in *The Quarterly* relate to the practice of medical management, College news and other matters of interest. All Fellows, Members and Candidates are encouraged to submit articles for publication. *The Quarterly* as an important instrument in assisting the continuing education of Fellows, Members and Candidates.

Please send articles of interest for publication in *The Quarterly* to:

The Editor

c/- The Royal Australasian College of Medical Administrators

10/1 Milton Parade

MALVERN VIC 3144

Telephone: (03) 98244699

Facsimile: (03) 98246806

Email: info@racma.edu.au

Website: www.racma.edu.au

ANNUAL REPORT

This is the statutory report of the College's activities which includes reports from office bearers, including a financial report. Lists of Fellows, Members and Candidates are included in the report.

The Annual Report is issued at the time of the College's Annual General Meeting, usually in August of each year. It is also normally published within the September edition of *The Quarterly* and is on the College website, www.racma.edu.au

The Editor of the Annual Report is the Chief Executive of the College.

CONTINUING EDUCATION PROGRAM MANUAL

The CEP Manual is downloadable from the website at www.racma.edu.au

OTHER ORGANISATIONS

The following organisations may be of interest to Fellows, Members and Candidates:

American College of Physician Executives

Australian College of Health Services Executives

British Association of Medical Managers

Hong Kong Association of Medical Executives

Hong Kong College of Community Medicine

The College continues to develop close links with these national and international organisations and further information may be obtained from the National Secretariat.

COMMENTS AND SUGGESTIONS

We would welcome comments or suggestions about material to be included in future editions of this Handbook. These should be forwarded to:

Handbook Editorial Panel
The Royal Australasian College of Medical
Administrators
10/1 Milton Parade
MALVERN VIC 3144

NOTE:

Forms referred to in this handbook are available on the website in *How to Join* in the *About Us* page at www.racma.edu.au

APPENDIX 1: 2008/2009 RACMA National Training Calendar

APPENDIX 2: RACMA Fellowship Training Plan

Year Level	Task/Activity	Due Date	Comment
C1 C2 C3	Transcripts of University masters/single unit results	30 January 2009	All Candidates send to Secretariat
C2	Reflective Case Study	1 December 2008 16 January 2009 27 February 2009 27 March 2009	Continuing candidates going to the 4-day workshop and oral exams in 2009 Feedback to candidates Case Study re-write due Candidates advised re satisfactory pass or otherwise
	Censors Workshop	19 February 2009	
C1	2 day workshop	17-18 February 2009	For all new Candidates Venue TBA Registration required
C3	Review of candidates completion of all pre-requirements	February 2009	All Candidates going to 2009 exams
C3	Final Preceptor Report	17 April 2009	All Candidates going to 2009 exams
C3	4 day workshop including: Case Study Presentation Trial Examination	20-23 April 2009 21 April 2009 22 April 2009	Venue TBA Candidates going to exams Registration required Candidates repeating Case Study presentation and/or Trial Exam must register separately
C1& C2	Writing Workshop	May - July 2009	Optional. To be advised.
	Censors Workshop	22 June 2009	
C1 & C2	Supervisor/Preceptor Reports	June 2009	Send a copy to the Secretariat
C3	Audit of Pre-requisites	15 June 2009	Candidate eligibility to sit exams advised
C3	Oral Exams	24-25 August 2009	Sydney TBA
C3	Langford Oration	27 August 2009	Candidates eligible for election to FRACMA
C1	MPF - Letter to the Editor	1 September 2009 10 October 2009	1 st year Candidates and other participating candidates. Feedback to candidates
C1	Probation Reports	30 November 2009	For 1 st year Candidates, BOS
C2	Reflective Case Study submission	1 December 2009	Continuing candidates going to the 4 day workshop and oral exams in 2010
C1	12 month probation review	December 2009	For 1 st year Candidates, and others with provisional requirements
All	Other MPF Tasks	30 December 2009	New Candidates commencing in 2009, continuing candidates and other participating candidates. 100 points MPF (or pro-rata if RPL is awarded) due to be completed before the 4 day workshop.
All	Transcripts of University masters/single unit results	30 January 2010	All Candidates send to Secretariat

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Candidate Year 1 (C1)	Candidate Year 2 (C2)	Candidate Year 3 (C3)
<p>Development of Fellowship Training Plan</p> <p>College recognized university degree (Masters) or single units as prescribed</p> <p>12 months supervised medical management experience in College recognized training post</p> <p>2-Day Induction Workshop</p> <p>Management Practice Folio (100 pts total, max 60 per year), comprising:</p> <ul style="list-style-type: none"> • Letter to the Editor (compulsory task, 20 pts) (1 September) • Other MPF Tasks (various points, see guidelines) (30 December) <p>Participation in monthly State Committee Training Programs for Candidates</p> <p>Preceptor/Supervisor Report (June)</p> <p>Probation Review Report (November)</p>	<p>Review Fellowship Training Plan</p> <p>College recognized university degree (Masters) or single units as prescribed</p> <p>12 months supervised medical management experience in College recognized training post</p> <p>Management Practice Folio, comprising:</p> <ul style="list-style-type: none"> • Other MPF Tasks (various points, see guidelines) complete 100 pts <p>Monthly State Committee Training Programs for Candidates</p> <p>Writing Workshop</p> <p>Reflective Case Study (1 December)</p> <p>Preceptor/Supervisor Report (June)</p>	<p>Complete College recognized university degree (Masters) or single units as prescribed to complete</p> <p>12 months supervised medical management experience in College recognized training post</p> <p>Preceptor/Supervisor Report (February)</p> <p>Monthly State Committee Training Programs for Candidates</p> <p>4-day workshop, including:</p> <ul style="list-style-type: none"> • Presentation of Case Study • Trial Examination • Lectures/expert speakers <p>Oral Examination</p> <p>Council approval of candidates for election to Fellowship</p> <p>Langford Oration</p> <p>New Fellow Evaluation Survey</p>

APPENDIX 3 COMPETENCIES¹²

Role	Competencies	Knowledge	Skills	Behaviour	Education	Assessment
Medical Expert	<ul style="list-style-type: none"> Demonstrates intelligent leadership 	<ul style="list-style-type: none"> Demonstrates knowledge of up to date leadership theory Can discuss the “learning organisation” 	<ul style="list-style-type: none"> Demonstrates ability to translate theory into practice Able to pick most appropriate course of action from several choices Demonstrates self awareness in actions undertaken 	<ul style="list-style-type: none"> Demonstrates leadership by example Uses emotional intelligence framework in decision making Attitude and behaviour generates confidence in others 	<ul style="list-style-type: none"> Leadership course at least one unit or an accredited short course Equivalent MHA 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Viva
	<ul style="list-style-type: none"> Able to influence medical staff behaviour 	<ul style="list-style-type: none"> Demonstrates understanding of doctors motivations, values, “hot buttons” Demonstrates understanding of theory of influence / power / levers for change Demonstrates understanding of group dynamics; professionalism; professional bureaucracy 	<ul style="list-style-type: none"> Able to develop options for influencing medical staff behaviour Able to identify key players Demonstrates good conflict management and high level communication and interpersonal skills 	<ul style="list-style-type: none"> Acts consistently Displays integrity Demonstrates a transparent consultative style 	<ul style="list-style-type: none"> RACMA education sessions at 2 & 4 day workshops Theory (Masters Degree), lead projects introducing change under supervision 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Written work for College Assessment Viva
	<ul style="list-style-type: none"> Able to devise and implement appropriate clinical governance systems 	<ul style="list-style-type: none"> Can define factors making up clinical governance Demonstrates understanding of good systems of clinical governance eg performance management credentialing Can discuss key inquiries 	<ul style="list-style-type: none"> Able to develop clinical governance systems Demonstrates implementation of clinical governance system or systems Able to educate others on systems of clinical governance 	<ul style="list-style-type: none"> Displays enthusiasm for developing clinical governance systems Demonstrates a consultative style 	<ul style="list-style-type: none"> Covered during Health service Masters course Work experience of different systems & models Attendance at short course 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Written work for College Assessment Viva
	<ul style="list-style-type: none"> Able to manage health care provision for all patients (clients) of a health system 	<ul style="list-style-type: none"> Can define Health systems theory and practice, including funding models Displays knowledge equivalent to breadth & depth of Master of Health Administration 	<ul style="list-style-type: none"> Able to develop options for different health services Demonstrates ability to manage complexity & paradox in a system or service Demonstrates ability to distil complex decisions 	<ul style="list-style-type: none"> Accepts that all clients have a right to health care 	<ul style="list-style-type: none"> Units during Equivalent MHA course Significant experience of complex organisation(s) 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Viva

¹ As of December 2006

² Derived from CANmeds

This, the 13th Edition of the
RACMA College Handbook,
is not current.

Role	Competencies	Knowledge	Skills	Behaviour	Education	Assessment
Communicator	<ul style="list-style-type: none"> Able to distil and convey complex information to diverse groups 	<ul style="list-style-type: none"> Demonstrates understanding of communication styles and communication theory Displays expert knowledge on health care issues 	<ul style="list-style-type: none"> Able to analyse own and others communication styles Demonstrates ability to teach competently (eg train the trainer course) Demonstrates high level abstraction and discrimination skills 	<ul style="list-style-type: none"> Can adapt communication style to different audiences 	<ul style="list-style-type: none"> Attend communication course and/or RACMA education session Variety of possibilities aligned with personal development plan including media training, public speaking & presentation skills 	<ul style="list-style-type: none"> Reflective logbook Viva Preceptor and Supervisor Reports
	<ul style="list-style-type: none"> Demonstrate an understanding of effective communication methodologies, pathways 	<ul style="list-style-type: none"> Understands importance of imparting knowledge using different techniques Can discuss adult learning theory and models Demonstrates knowledge of communication methodologies and management of communication in organisations 	<ul style="list-style-type: none"> Competent in audio visual preparation and delivery Demonstrates appropriate use of written and verbal communication 		<ul style="list-style-type: none"> Attend communication course and/or RACMA education session 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Presentation at 4 Day workshop
	<ul style="list-style-type: none"> Able to communicate up, down and across the organisation and internally and externally 	<ul style="list-style-type: none"> Understands importance of communication at all levels Identifies all stakeholders impacting on health service delivery 	<ul style="list-style-type: none"> Able to gain rapport with people at all levels Able to tailor the message to different stakeholders Demonstrates ability to work within a team and as leader of a team to obtain outcomes 	<ul style="list-style-type: none"> Demonstrates success in engaging stakeholders (outcomes) Demonstrates ability to work within a team and as leader of a team to obtain outcomes 	<ul style="list-style-type: none"> Variety of possibilities aligned with personal development plan including media training, public speaking & presentation skills training courses 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Written work for College Assessment Viva

Role	Competencies	Knowledge	Skills	Behaviour	Education	Assessment
Collaborator	<ul style="list-style-type: none"> Demonstrate an ability to listen to all sides of an issue and move forward with action 	<ul style="list-style-type: none"> Identifies all the stakeholders in a health system Displays an awareness of the management of paradox Demonstrates a knowledge of conflict resolution; 	<ul style="list-style-type: none"> Demonstrates negotiation skills Demonstrates complex problem solving skills 	<ul style="list-style-type: none"> Displays positive attitude to participation in teams Shows tolerance of ambiguity 	<ul style="list-style-type: none"> Ethics, health law training; conflict resolution; consumerism (exposure to the consumer perspective) 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Written work for College Assessment Viva
	<ul style="list-style-type: none"> Able to manage the interfaces in health systems 	<ul style="list-style-type: none"> Demonstrates an understanding of relevant politics Identifies the drivers of demand and expenditure within health care Displays expert knowledge of health care systems 	<ul style="list-style-type: none"> Demonstrates ability to critically analyse financial statements and business cases Demonstrates ability to apply principles of EBM Demonstrates ability to make decisions when faced with multiple & conflicting perspectives 	<ul style="list-style-type: none"> Displays an ability to cope with complex and uncertain situations Displays an ability to “sit with” the differences between the stakeholders in health systems 	<ul style="list-style-type: none"> Reflection on experience; involvement in development/ cessation/ expansion of service of similar (budget development) Equivalent MHA 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Reflective Logbook Viva

Role	Competencies	Knowledge	Skills	Behaviour	Education	Assessment
Manager	<ul style="list-style-type: none"> Demonstrate business contingency management 	<ul style="list-style-type: none"> Identifies effect of previous decisions on current situation Displays broad knowledge of business & operational processes 	<ul style="list-style-type: none"> Demonstrates ability to manage a business or business unit Demonstrates ability to act on financial information 	<ul style="list-style-type: none"> Obtains and utilises appropriate corporate knowledge 	<ul style="list-style-type: none"> Acquisition of technical skills short courses, work-based projects 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Written work for College Assessment Viva MHA
	<ul style="list-style-type: none"> Demonstrate ability to "think on your feet", analysing, determining options and acting within real world timelines 	<ul style="list-style-type: none"> Demonstrates a broad knowledge of business and medical ethics Demonstrates a broad knowledge of organisational dynamics 	<ul style="list-style-type: none"> Demonstrates ability to prioritise tasks Demonstrates analysis of possible options Demonstrates ability to act quickly when necessary 	<ul style="list-style-type: none"> Displays understanding of own level of comfort with Risk taking Produces pragmatic solutions to problems, utilising least worst option 	<ul style="list-style-type: none"> Reflection on experience in work place 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Reflective Logbook Viva
	<ul style="list-style-type: none"> Demonstrate a coordinated systems approach to all management tasks 	<ul style="list-style-type: none"> Describes the use of systems theory in management Describes Australasian Health Care system 	<ul style="list-style-type: none"> Demonstrates the application of systems theory to management tasks Uses previous information to develop new systems (does not re invent the wheel) 	<ul style="list-style-type: none"> Consults widely 	<ul style="list-style-type: none"> Equivalent MHA Reflection on experience in work place Project Work (part of MHA) 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports MHA

Role	Competencies	Knowledge	Skills	Behaviour	Education	Assessment
Health Advocate	<ul style="list-style-type: none"> Able to influence policy and practice to optimise health outcomes 	<ul style="list-style-type: none"> Can describe the major issues in current public policy Can describe the major issues in current health policy 	<ul style="list-style-type: none"> Able to articulate clear priorities Able to distil a simple clear message from the evidence base Able to identify points of leverage 	<ul style="list-style-type: none"> Displays an understanding of the prevailing ethos in the political system in optimising health outcomes 	<ul style="list-style-type: none"> Equivalent MHA Reflection on experience in Government Health or Community Services Department 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Written work for College Assessment Presentation at 4 Day Workshop
	<ul style="list-style-type: none"> Provide advocacy for patients, populations, staff and organisations 	<ul style="list-style-type: none"> Can obtain appropriate information about ethics, consumerism, public policy, law, resource allocation, population health Can obtain information which is free of prejudice or bias. 	<ul style="list-style-type: none"> Demonstrates that information provided is free of prejudice or bias 	<ul style="list-style-type: none"> Displays engaged attitude in policy discussions Removes self and self interest from solutions to health advocacy issues 	<ul style="list-style-type: none"> Reflection on experience; involvement in development/ cessation/ expansion of service of similar (budget development) Equivalent MHA 	<ul style="list-style-type: none"> Preceptor and Supervisor Reports Written work for College Assessment

Role	Competencies					
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HANDBOOK OF THE ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS

	Knowledge	Skills	Behaviour	Education	Assessment	
Scholar	<ul style="list-style-type: none"> • Demonstrates a commitment to education and research to continuously improve knowledge and skills 	<ul style="list-style-type: none"> • Describes principles of educational theory and research • Able to describe adult learning principles and describe how to use them in education 	<ul style="list-style-type: none"> • Can identify gaps in knowledge • Demonstrates the development of a life-long learning plan 	<ul style="list-style-type: none"> • Displays behaviour which shows importance of ongoing learning 	<ul style="list-style-type: none"> • Attend courses that increase knowledge and skills on a regular basis 	<ul style="list-style-type: none"> • Preceptor and Supervisor Reports • Reflective logbook
	<ul style="list-style-type: none"> • Demonstrates use of academic rigour in furthering knowledge 	<ul style="list-style-type: none"> • Shows evidence of being up to date with new developments in appropriate fields of knowledge 	<ul style="list-style-type: none"> • Able to describe methods of obtaining new knowledge and skills that will be sought in the future 	<ul style="list-style-type: none"> • Accepts the importance of providing appropriately researched and cited information in reports 	<ul style="list-style-type: none"> • Short courses on EBM or other relevant topics 	<ul style="list-style-type: none"> • Viva • MHA • Written work for College Assessment
	<ul style="list-style-type: none"> • Demonstrates ability to apply research skills to management tasks 	<ul style="list-style-type: none"> • Able to describe application of new knowledge and skills to management tasks 	<ul style="list-style-type: none"> • Demonstrates ability to research, collate and analyse data 	<ul style="list-style-type: none"> • Thinks laterally and across paradigms 	<ul style="list-style-type: none"> • MHA • Reflection on experience 	<ul style="list-style-type: none"> • Written work for College Assessment • MHA

Role	Competencies	Knowledge	Skills	Behaviour	Education	Assessment
Professional	<ul style="list-style-type: none"> • Demonstrates behaviour that is always within the value systems of the college 	<ul style="list-style-type: none"> • Able to identify the core values of the College 	<ul style="list-style-type: none"> • Utilises values as a base for a framework within which behaviour occurs 	<ul style="list-style-type: none"> • All actions and behaviours fall within previously identified framework • Desired behaviour is inherent in daily practice 	<ul style="list-style-type: none"> • Values provided at commencement of training and via web. Supervisor and preceptor to reinforce and to highlight words into actions 	<ul style="list-style-type: none"> • Reports from preceptor & supervisor
	<ul style="list-style-type: none"> • Demonstrates behaviour that shows use of self knowledge 	<ul style="list-style-type: none"> • Displays knowledge of emotional intelligence 	<ul style="list-style-type: none"> • Able to reflect on personal style • Able to identify personal strengths and weaknesses 	<ul style="list-style-type: none"> • Able to accept feedback constructively • Able to change behaviour base on feedback 	<ul style="list-style-type: none"> • Use of psychometric screening as part of self knowledge process 	<ul style="list-style-type: none"> • Preceptor and Supervisor Reports • Reflective Logbook • Entry interview
	<ul style="list-style-type: none"> • Demonstrate "patient first" 		<ul style="list-style-type: none"> • Demonstrates ability to tease out the 	<ul style="list-style-type: none"> • Displays a positive attitude towards patients 	<ul style="list-style-type: none"> • Reflection of experience in work 	<ul style="list-style-type: none"> • Preceptor and Supervisor Reports

HANDBOOK OF THE ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS

	behaviour		<p>patient issues in a scenario</p> <ul style="list-style-type: none"> • Able to implement systems which are patient focussed 		place	<ul style="list-style-type: none"> • Reflective Logbook • Entry interview
	<ul style="list-style-type: none"> • Demonstrate awareness of ethical issues in managerial and clinical decision making 	<ul style="list-style-type: none"> • Displays knowledge of relevant medical ethics 	<ul style="list-style-type: none"> • Able to articulate the implementation of ethics in decisions • Able to implement management decisions which are ethically appropriate 	<ul style="list-style-type: none"> • Always considers the ethical principles in decision making 	<ul style="list-style-type: none"> • Reflection of experience in work place 	<ul style="list-style-type: none"> • Preceptor and Supervisor Reports • Reflective logbook • Viva

This, the 13th Edition of the RACMA College Handbook, is not current.