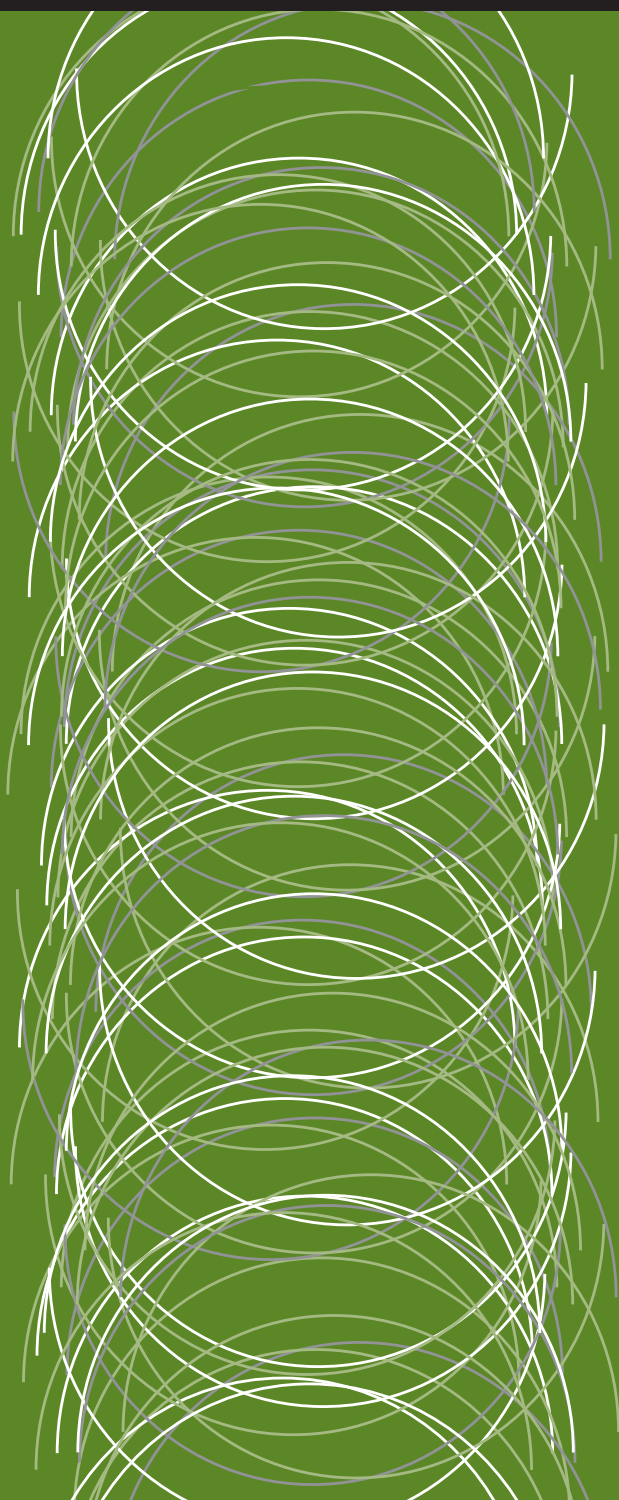Australian Medical Council Limited

Accreditation Report: The Training and Education Programs of the Royal Australasian College of Medical Administrators

AMC

Contents

Executive Summary: Royal Australasian College of Medical Administrators

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2015*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

In October 2018, an AMC team completed a reaccreditation assessment of the specialist medical program, which leads to the award of fellowship of RACMA and the College's continuing professional development programs.

The 14 February 2019 meeting of the AMC Specialist Education Accreditation Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the accreditation decision made by the 1 March 2019 meeting of the AMC Directors and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of the Royal Australasian College of Medical Administrators substantially meet the accreditation standards.

The team found that the College's training program delivers specialist medical administration training of high quality that equips its trainees to undertake independent specialist practice.

The 17 December 2018 meeting of the AMC Directors resolved:

(i)   That the Royal Australasian College of Medical Administrators' specialist medical programs and training and continuing professional development programs in the recognised medical specialty of medical administration be granted accreditation for six years, until 31 March 2025, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.

(ii)   That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified progress report as set out in the table below.

Standard	Condition		To be met by:
Standard 1	1	Update the College's governance documentation, such as the organisational chart to describe the position of Specialist International Graduate Panel in the governance structure. (Standard 1.1)	2019
	2	Develop a process for evaluating whether appeals and complaints indicate any underlying systems issues. (Standard 1.3)	2020

Standard	Condition		To be met by:
	3	Provide evidence of adequate support, resources and training for the Jurisdictional Coordinators of Training in the transition to the integrated learning model, which reorganised curricula content and assessments into four competency-based domains. (Standards 1.5, 4.2 and 8.1)	2020
	4	Develop a plan to manage the communication, implementation and evaluation of the various curriculum, assessment, IT and other resource changes across national, jurisdictional and local levels to support the smooth transition to the integrated learning model. (Standard 1.7)	2019
	5	Provide evidence of appropriate resourcing and technical expertise to support the effective implementation of the various IT innovations needed to implement the curriculum including the MyRACMA platform. (Standards 1.5 and 4.2)	2020
Standard 2	6	Explicitly address the health of Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand in the College's purpose. (Standard 2.1)	2020
	7	Develop a plan to address any projected potential shortages in the medical management workforce or other relevant community healthcare needs identified in Part 2 of the 2017 Workforce Survey. (Standard 2.3)	2020
Standard 3	8	Provide a system that gives candidates access to clear information on their progress against requirements. (Standards 3.4 and 7.3)	2020
Standard 4		Nil additional conditions. Condition 3 (Standard 4.2) and condition 5 (Standard 4.2) apply.	
Standard 5	9	Evaluate the new marking rubrics for the Medical Management Practice and the Personal and Professional Leadership Development domains. (Standard 5.2)	2020
	10	Evaluate and refine, if needed, the system to identify early candidates who may not be meeting assessments requirements or assessment delays caused by College systems. (Standard 5.3)	2021
	11	Audit logbooks (and respond to findings) to assure the quality of the learning opportunities and experience. (Standard 5.4)	2020
Standard 6	12	Implement an overarching framework to ensure that the monitoring and evaluation processes and activity are coherent and effective. (Standards 6.1 and 6.2)	2021

Standard	Condition		To be met by:
	13	Develop a mechanism for candidates to provide feedback in a confidential manner. (Standard 6.1)	2020
	14	Evaluate whether the new integrated learning model is achieving the intended outcomes. (Standard 6.2)	2022
Standard 7		Condition 8 (Standard 7.3) applies	
	15	Implement a plan to increase recruitment and support of Aboriginal and Torres Strait Islander and Māori candidates. (Standard 7.1)	2022
	16	In relation to the Candidate Advisory Committee (CAC): • Ensure the CAC has the administrative support necessary to work effectively and in a way that demonstrates commitment to candidate engagement, commensurate with other standing committees. (Standard 7.2) • Ensure the CAC (or other mechanism) effectively supports candidate representation across the three pathways and provides for succession planning/continuity. (Standard 7.2)	2020
	17	Establish a system for regular review and management of any incidents of discrimination, bullying, harassment and victimisation of candidate, and evaluate the implementation of the related policy. (Standard 7.4)	2020
Standard 8		Condition 3 (Standard 8.1) applies	
	18	Evaluate the new Supervisor's Kit and the uptake of and satisfaction with supervisor training. (Standard 8.1)	2021
	19	After evaluating the revised marking rubrics for formative assessments (see condition 9), provide training for supervisors, preceptors, Jurisdictional Coordinators of Training and censors on the use of these marking rubrics. (Standards 8.1)	2021
Standard 9	20	Publish the processes for reporting and referring performance/competence concerns and recertification program compliance for New Zealand fellows to the Medical Council of New Zealand in the Continuing Professional Development Standard, associated policies and the RACMA Continuing Professional Development Handbook. (Standard 9.3)	2019
Standard 10	Nil		

This accreditation decision relates to the College's continuing professional development programs and its specialist medical programs in the specialty of medical administration.

Next steps

Subject to appropriate progress towards meeting conditions and submission of progress reports, in March 2024, the College may submit a comprehensive report for extension of accreditation. The report should address the accreditation standards and outline the College's development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to March 2029), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings against accreditation standards for specialist medical programs

The findings against the ten accreditation standards are summarised below.

The commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards. Conditions set by the AMC so the College meets accreditation standards are listed in the accreditation decision and are provided below for completeness.

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The outcomes of specialist training and education				This set of standards is
governance	*SM*	*educational resources*	*SM*	SUBSTANTIALLY MET
program management	*M*	*interaction with health sector*	*M*	
reconsideration, review appeals	*SM*	*continuous renewal*	*M*	
educational expertise	*M*			

Commendations

A   The College's sound governance structures and processes that are fit for purpose and organisational size. (Standard 1.1)

B   The College's commitment to developing formal workforce planning in medical leadership and administration in Australia and New Zealand, and the impact for both key internal and external stakeholders. (Standard 1.6)

C   The Board and senior management's proactive structured review of resources supporting the College's education functions and the new resources for the College Office that have been very positively received by candidates and fellows. (Standards 1.4, 1.7)

Conditions to satisfy accreditation standards

1   Update the College's governance documentation, such as the organisational chart to describe the position of Specialist International Graduate Panel in the governance structure. (Standard 1.1)

2   Develop a process for evaluating whether appeals and complaints indicate any underlying systems issues. (Standard 1.3)

3   Provide evidence of adequate support, resources and training for the Jurisdictional Coordinators of Training in the transition to the integrated learning model, which reorganised curricula content and assessments into four competency-based domains. (Standards 1.5, 4.2, 8.1)

4   Develop a plan to manage the communication, implementation and evaluation of the various curriculum, assessment, IT and other resource changes across national, jurisdictional and local levels to support the smooth transition to the integrated learning model. (Standard 1.7)

5   Provide evidence of appropriate resourcing and technical expertise to support the effective implementation of the various IT innovations needed to implement the curriculum including the MyRACMA platform. (Standards 1.5, 4.2)

AA   Develop and evaluate more flexible approaches to allow fellows based in rural or remote or small jurisdictions to contribute to the College's national committees. (Standard 1.1)

BB   Develop an organisational community engagement strategy including defining who is 'the community' to support the College's ambition to increase community engagement and representation in its governance structures. (Standard 1.1)

CC   Provide structured professional development to support candidates in representational and governance roles. (Standard 1.1)

DD   Collaborate with other medical colleges and organisations to further develop the regional and rural workforce of medical administrators. (Standards 1.6, 2.2)

EE   Develop formal memoranda of understanding or agreements with key Aboriginal and Torres Strait Islander and Māori organisations to strengthen engagement and to clearly describe the scope of engagement in the training program. (Standard 1.6)

2. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
educational purpose	*SM*	*graduate outcomes*	M	
program outcomes	*M*			

Commendations

D   The clearly defined program and graduate outcomes that link to the curriculum documentation. (Standards 2.2, 2.3)

E   The strong links and wide consultation with external stakeholders, in particular the military, private and government sectors. (Standard 2.1)

F   The Workforce Surveys of 2015 and 2017 which provide useful data and the foundation for workforce planning. (Standard 2.3)

Conditions to satisfy accreditation standards

6   Explicitly address the health of Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand in the College's purpose. (Standard 2.1)

7   Develop a plan to address any projected potential shortages in the medical management workforce or other relevant community healthcare needs identified in Part 2 of the 2017 Workforce Survey. (Standard 2.3)

Recommendations for improvement

FF   Consider whether there are opportunities to provide targeted support and development to fellows who intend to work in areas of need, particularly in regional and rural Australia and New Zealand. (Standard 2.2)

3. The specialist medical training and education framework				This set of standards is SUBSTANTIALLY MET
curriculum framework	M	*continuum of training*	M	
content	M	*structure of the curriculum*	SM	

G   The flexibility of the training pathway and the ability of the College to meet requests for part-time or interrupted training. (Standard 3.4)

H   The well-structured processes to deal with a wide range of recognition of prior learning requests. (Standard 3.4)

Conditions to satisfy accreditation standards

Condition 3 (Standard 8.1) applies.

8   Provide a system that gives candidates access to clear information on their progress against requirements. (Standards 3.4, 7.3)

Recommendations for improvement

GG   Develop a plan for continuous improvement and promotion of cultural safety within the program. (Standards 3.2)

4. Teaching and learning (teaching and learning)				This set of standards is MET
approach	*M*	*methods*	*SM*	

Commendations

I   The provision of a highly valued practice-based experience in the clinical workforce. (Standard 4.2)

J   The commitment to learning and teaching pedagogy and the reorganisation of the curriculum and assessment content into a clear integrated learning model that is well linked to practice. (Standard 4.2)

Conditions to satisfy accreditation standards

Nil additional conditions. Condition 3 (Standard 4.2) and condition 5 (Standard 4.2) apply.

Recommendations for improvement

HH   Reduce the number of recognised Master programs. (Standard 4.2)

II   Adopt a more active negotiating role with health services to secure additional placements that support candidates in a range of job roles to obtain practical experience that supports the breadth of theoretical learning in the curriculum. (Standard 4.2)

JJ   Improve cross-jurisdictional access to College activities for candidates. (Standard 4.2)

5. Assessment of learning				This set of standards is SUBSTANTIALLY MET
approach	*M*	*performance feedback*	*M*	
methods	*M*	*quality*	*SM*	

Commendations

K   The effort that has been put into assessment methodology and standardisation, including the proactive approach to commissioning external review to investigate concerns. (Standard 5.1)

L   The exemplary implementation of the Research Presentations and the trial Oral Examination. (Standard 5.2)

M   The evolving work on systems to support early identification of candidates who require additional support. (Standard 5.3)

Conditions to satisfy accreditation standards

9   Evaluate the new marking rubrics for the Medical Management Practice and the Personal and Professional Leadership Development domains. (Standard 5.2)

10   Evaluate and refine, if needed, the system to identify early candidates who may not be meeting assessments requirements or assessment delays caused by College systems. (Standard 5.3)

11   Audit logbooks (and respond to findings) to assure the quality of the learning opportunities and experience. (Standard 5.4)

Recommendations for improvement

KK   Strengthen the Training Progress Committee processes for monitoring candidates' progress as part of the implementation of MyRACMA. (Standard 5.1)

LL   Standardised logbooks to facilitate quality assurance of this learning activity. (Standard 5.4)

MM   Review resources provided to the Training Progress Committee to ensure that its role in monitoring and providing feedback to candidates on their performance is sustainable. (Standards 5.3, 1.1, 1.5)

6. Monitoring and evaluation					This set of standards is
monitoring	SM	*feedback, reporting and action*	M		SUBSTANTIALLY MET
evaluation	SM				

Commendations

N   The multiple channels by which candidates may provide feedback on the training program, including the establishment of informal, open forums at which candidates are invited to provide feedback to College office holders. (Standard 6.1)

O   The College's responsiveness to feedback provided on the training program. (Standards 6.1, 6.3)

Conditions to satisfy accreditation standards

12   Implement an overarching framework to ensure that the monitoring and evaluation processes and activity are coherent and effective. (Standards 6.1, 6.2)

13   Develop a mechanism for candidates to provide feedback in a confidential manner. (Standard 6.1)

14   Evaluate whether the new integrated learning model is achieving the intended outcomes. (Standard 6.2)

NN   Institute a process for regular, formal surveys of new fellows, and internal and external stakeholders, to obtain greater insight into graduate outcomes and to monitor whether the training program continues to be fit for purpose. (Standard 6.2)

OO   Improve the mechanism for communicating with candidates about how the College considers and acts on their feedback. (Standard 6.3)

7. Trainees				This set of standards is MET
admission policy and selection	*SM*	*trainee wellbeing*	*SM*	
trainee participation in provider governance	*SM*	*resolution of training problems and disputes*	*M*	
communication with trainees	*SM*			

Commendations

P   The clear, documented selection policies and principles for the three pathways to fellowship. (Standard 7.1)

Q   The significant improvements in the relationship and communications between the RACMA Board and the candidates, largely through the Candidate Advisory Committee. (Standard 7.2)

R   The development of the policy, Discrimination, Harassment, Bullying and Victimisation, with a position statement by the President and a training webinar for candidates, as a result of the findings of the Colleges' survey on bullying, discrimination and sexual harassment. (Standard 7.4)

Conditions to satisfy accreditation standards

Condition 8 applies to (Standard 7.3).

15   Implement a plan to increase recruitment and support of Aboriginal and Torres Strait Islander and Māori candidates. (Standard 7.1)

16   In relation to the Candidate Advisory Committee (CAC):
   • Ensure the CAC has the administrative support necessary to work effectively and in a way that demonstrates commitment to candidate engagement, commensurate with other standing committees. (Standard 7.2)
   • Ensure the CAC (or other mechanism) effectively supports candidate representation across the three pathways and provides for succession planning/continuity. (Standard 7.2)

17   Establish a system for regular review and management of any incidents of discrimination, bullying, harassment and victimisation of candidate, and evaluate the implementation of the related policy. (Standard 7.4)

Recommendations for improvement

PP   Co-ordinate the review of selection processes and share learning across jurisdictions. (Standard 7.1)

QQ   Survey or otherwise gain confidential feedback on whether the low-level use of the Employee Assistance Program is related to low levels of distress or under-reporting/reluctance to engage. (Standard 7.4)

RR   Develop a policy or position statement describing how the College promotes candidate welfare. (Standard 7.4)

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is SUBSTANTIALLY MET
supervisory and educational roles	*SM*	*training sites and posts*	*M*	

Commendations

S   The comprehensive and functional system for the supervision of candidates that includes supervisors, preceptors, (co-supervisors and executive coaches), Jurisdictional Coordinators of Training, other stakeholders and senior members of the College Office. (Standard 8.1)

T   The Jurisdictional Coordinators of Training who are a network of enthusiastic, committed and hardworking supporters of candidates. (Standard 8.1)

U   The College's clear and detailed documentation articulating the requirements and processes relating to training post accreditation. (Standard 8.2)

V   The collaborative work with other colleges to expand the training settings, particularly to offer remote and regional experiences. (Standard 8.2)

Conditions to satisfy accreditation standards

18   Evaluate the new Supervisor's Kit and the uptake of and satisfaction with supervisor training. (Standard 8.1)

19   After evaluating the revised marking rubrics for formative assessments (see condition 9), provide training for supervisors, preceptors, Jurisdictional Coordinators of Training and censors on the use of these marking rubrics. (Standard 8.1)

Recommendations for improvement

SS   Include the requirement in the standards for future accreditation of training posts that the site and supervisor/s demonstrate a commitment to cultural competence and safety, in particular for Aboriginal and Torres Strait Islander peoples and/or Māori. (Standard 8.2)

9. Continuing professional development, further training and remediation				This set of standards is SUBSTANTIALLY MET
continuing professional development	*M*	*remediation*	*SM*	
further training of individual specialists	*M*			

W   The simple, fit for purpose and sustainable CPD program for Australian and New Zealand fellows underpinned by a strong policy framework and implementation guidelines which meet the requirements of the Medical Board of Australia and the Medical Council of New Zealand. (Standard 9.1)

X   The development of the new MyRACMA online CPD platform which has received strong positive feedback from fellows. (Standard 9.1)

Y   The College's strong leadership and management of its CPD program that ensures ongoing quality improvement of both content and processes. (Standard 9.1)

Z   The establishment of strong fellow networks and meetings in some jurisdictions (e.g. forums for Directors of Medical Services) to assist in their professional development. (Standard 9.1)

Conditions to satisfy accreditation standards

20   Make the processes for reporting and referring performance/competence concerns and recertification program compliance for New Zealand fellows to the Medical Council of New Zealand explicit in the Continuing Professional Development Standard, associated policies and the RACMA Continuing Professional Development Handbook. (Standard 9.3)

Recommendations for improvement

TT   Work with the Medical Council of New Zealand to provide more opportunities for fellows to undertake regular practice review. (Standard 9.1)

UU   Complete development of the CPD matrix that could include the Medical Council of New Zealand six domains of competence. (Standard 9.1)

VV   Develop CPD activities that bring fellows (and candidates) together. (Standard 9.1)

10. Assessment of specialist international medical graduates					This set of standards is MET
assessment framework	*M*	*assessment decision*	*M*		
assessment methods	*M*	*communication with applicants*	*M*		

Commendations

ZA   The clear, transparent and easily accessible specialist international medical graduate assessment process, details of which are available on the RACMA website and provides links to all assessment documentation, including the 2017 RACMA Workforce Report. (Standards 10.1, 10.2)

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

Nil

Section A   Summary description of the Program

A.1   The Royal Australasian College of Medical Administrators and the history and management of its programs

The Australian College of Medical Administrators was established in 1967 and was granted its 'Royal' prefix in 1979. In 1998, the College's Charter was amended to incorporate New Zealand in the formal structure of the College and the name was officially changed to the Royal Australasian College of Medical Administrators (RACMA).

The College's Strategic Plan for the period 2017-2020 emphasises the provision of education and training programs that meet the emerging needs of the communities served by the College members. The Program of Action for 2017-2020 is 'To enhance the health of Australia and New Zealand by advancing to excellence the medical administration profession.'

The membership of the College, as at June 2018, by category and country is shown in the table below.

	Total	Australia	New Zealand	Hong Kong	Other
Fellows	348	292	30	21	5
Retired Fellows	37	30	1	6	-
Honorary Fellows	22	14	1	2	5
Associate Fellows	314	299	14	-	1
Candidates	145	134	11	-	-
Affiliates	7	4	3	-	-

The College is governed by the RACMA Board which comprises 10-11 Directors; the President, Vice-President, Chair Education and Training, Chair Finance and Audit, three additional fellows, an associate fellow (elected by associate fellows), a candidate (elected by candidates), and up to two appointed experts (in business, education, and/or community) appointed by the Board.

The College's governance structure is shown in the figure below.
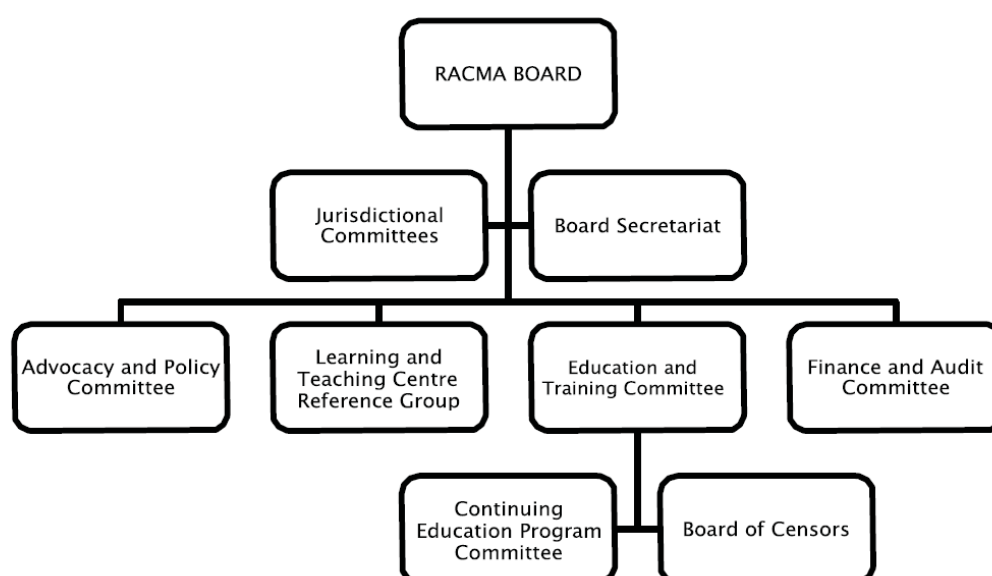
The following committees have key functions and responsibilities in relation to the RACMA Fellowship Training and Continuing Education Programs:

- **Jurisdictional Committees (JCs)** (covering all Australian states and territories and New Zealand; oversee the Fellowship Training Program workplace learning activities and organise some continuing medical education opportunities in the jurisdiction; they also support the RACMA Board in the implementation of its overall strategy).
- **Education and Training Committee (ETC)** (the constitutional committee governing education and training functions, provides advice to the Board on the strategic directions and development of the educational activities of the Fellowship Training and Continuing Education Programs. The following committees report to the ETC:

  o **Curriculum Steering Committee** (oversees the currency of the curriculum learning objectives and the delivery of enhanced teaching)

  o **Training Progress Committee** (monitors workplace learning performance)

  o **Board of Censors** (oversees the conduct of the Oral Examination, and identifies assessors for the Research Training domain assignments, panelists for recognition of prior learning, surveyors for training site accreditation, and panelists for assessment of specialist international medical graduates)

  o **Continuing Education Program Committee** (develops policy and standards for assessment and monitoring of professional development for fellows/associate fellows, oversees member registration for continuing professional development activities, and ensures compliance with Medical Board of Australia CPD registration standards/Medical Council of New Zealand recertification requirements).

A.2   Outcomes of the RACMA Fellowship Training Program

As outlined in the RACMA Constitution, the principal object of the College is to 'deliver comprehensive education and training programs to medical managers and other medical practitioners who are training for or occupying management roles and positions.' The College's four core values are professionalism, integrity, excellence and respect.

The College vision is: 'RAMCA will 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.'

The program outcomes are adapted from the CanMEDS Framework and detail the eight role competencies of medical expert, medical manager, communicator, scholar, collaborator, advocate, professional, and leader. The recent curriculum review has resulted in a new learning model, which mapped curriculum content and assessments to the competencies and grouped these together into four domains, which run longitudinally across each year of the program:

- Health System Science (incorporating the medical expert)
- Medical Management Practice (incorporating the communicator and the medical manager)
- Research Training (incorporating the scholar-researcher)
- Personal and Professional Leadership Development (incorporating the scholar-teacher, advocate, the collaborator, the professional, and the leader).

The graduate outcomes are outlined in the Medical Leadership and Management Curriculum (provided under the title, key goals of role competencies), available on the College website.

A.3   RACMA Fellowship Training Program

RACMA is a vocational education provider focussed on workplace training for medical practitioners. Its education role is supplementary to its recognised university Master programs,

and its training role is conjoint with the hospitals and health services in which there are accredited training posts.

Throughout 2015/16, the Education and Training Committee consulted via workshops and surveys on the structure of the training program. In 2017, the Board endorsed a plan to shift the structure from an annual progression model to an integrated model of competency-based progress in each domain, to be implemented for the 2018 cohort. This new model does not fundamentally change the standard or content of the program but reorganises the curriculum content, practical experience and assessments against four domains with increased emphasis on formative assessment. The integrated model for learning is shown below.
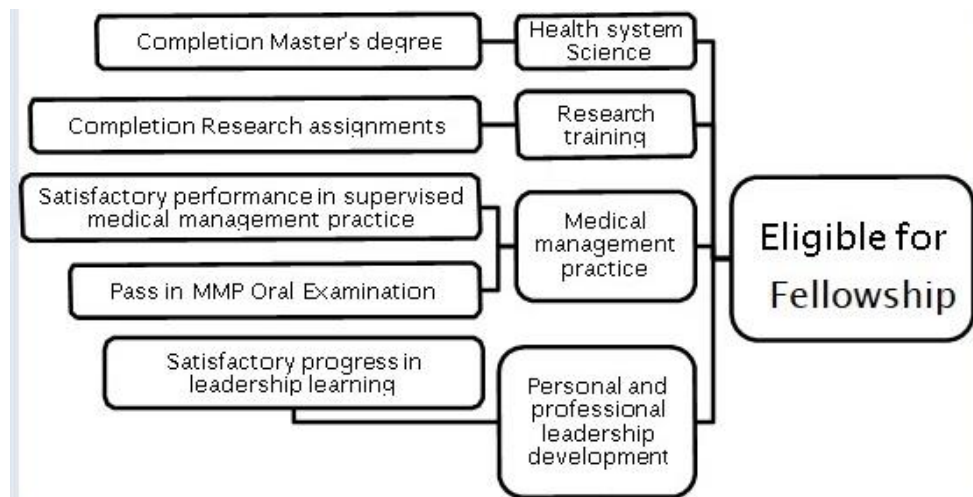
The College's Medical Management and Leadership Curriculum is available on its website. The curriculum has four teaching, learning and assessment domains, which incorporate eight role competencies (based on the CanMEDS Framework) of the specialist medical administrator as follows:

- Health System Science (incorporating the medical expert)

- Medical Management Practice (incorporating the communicator and the medical manager)

- Research Training (incorporating the scholar-researcher)

- Personal and Professional Leadership Development (incorporating the advocate, the collaborator, the professional, the leader and the scholar-teacher).

Each of the role competencies has a set of key goals which are further articulated through enabling competencies and objectives with respect to required knowledge, expected skills and desirable personal attributes of the trained specialist medical administrator in Australia or New Zealand. A high-level summary of the Medical Management and Leadership Curriculum design is shown below.

Domains and role competencies	Training goals	Topics Curriculum Steering Committee	Formative learning Supervisors and preceptors	Summative assessment Training Progress Committee Board of Censors
Health system science Medical expert	Acquisition of specialist knowledge	Systems thinking Corporate planning and governance Clinical governance and patient safety	Self-directed and University determined University assignments	Attainment of Master's degree
Medical management practice Communicator Medical manager	Practice of workplace skills	Financial management Human resource management with reference to medical officers Operational systems – public, private, non-government, critical care, acute care, sub-acute care, health promotion and prevention, General Practice, investigations, non-procedural care, procedural medicine, surgery	Supervisor- and self-directed in workplace Log of learning activities Learning sets (distance tutorials) Observed management tasks Case -based discussions College Trial Oral Examination	Satisfactory In-Training Performance Reports Minimum of three FTE years MMPD Oral Examination
Research training Scholar	Practice of evidence-based decision-making	Digital health Medical education Critical evidence-based decision-making Health services research	Supervisor-and self-directed critical evidence-based analysis and management reasoning Supervisor- and self-directed conduct of health service research	Oral presentation of research progress Written presentation of research outcomes
Personal and professional leadership development Advocate Collaborator Professional Leader	Development of personal attributes	Planning Ethical decision-making Teaching Supervising Delegating Negotiating Reflecting	Supervisor- and self-directed guided reflection discussions Log of learning activities	Satisfactory In-Training Performance Reports

Following the Board's adoption of the integrated model for learning, the Curriculum Steering Committee was re-activated to oversee the evaluation and continuous improvement of the curriculum. The committee is developing a change management plan for communicating and implementing the new model. The committee will also oversee continuous improvement of the curriculum in line with college priorities such as clinical governance and digital health (eHealth).

The reorganised curriculum has resulted in new material relating to clinical governance and eHealth and strengthened Indigenous health content. Awareness of the health of Aboriginal and Torres Strait Islander and Māori peoples is addressed in the advocacy role competency in the Personal and Professional Leadership Development domain. Candidates are expected to participate in a set of webinars and complete online modules developed by RACMA. An essay assignment is submitted and assessed at the College level. Cultural competence is similarly the subject of an online module that is required to be completed by all candidates.

Most candidates complete the training program in three to four full-time equivalent years. The College's accreditation submission in June 2018 noted that there are currently 86 candidates in full-time training and 59 in part-time training.

There are minimum and maximum years required for completion of each domain. Once the minimum period of candidacy has been reached there is no requirement for continuing practice, except in the Medical Management Practice domain. If a candidate is unsuccessful in the Oral Examination and wishes to sit for it again, the candidate must apply for approval of a training plan that involves continuing medical management practice.

Minimum time requirements for satisfactory performance in supervised practice may be amended for individuals with recognition of prior learning and experience; or extended for others, with approved applications for special conditions. The College's policy for Recognition of Prior Learning and Experience (RPLE) is available on the College website.

The following table outlines the outcomes of RPLE applications for the past three years.

Year	Applications	Interviewed	Award of 36 mths	Award of 24 mths	Award of 18mths	Award of 12mths
2018	19	15	5	0	7	3
2017	21	18	2	2	3	10
2016	11	10	1	0	5	3

A.4 Teaching and learning

The teaching and learning methods consist of a balanced mix of self-learning, apprenticeship training, didactic lectures/seminars, workshops and webinars and project work in both a formal tertiary education and workplace environment. It is planned to maintain this balance in the re-organised training program and mapping against the key competencies will remain essentially the same.

Candidates are all involved in either full-time or part-time (minimum 0.4 full-time equivalent) supervised medical management practice. Supervision is usually undertaken by a fellow of the College. Depending on the candidate's stage of learning and status in the health sector in which the candidate is training, there may be more or less day-to-day observation by a supervisor. Experienced clinical leaders are assigned an executive coach who is of appropriate seniority and skill to provide supervision of the candidate. In a limited number of circumstances a non-fellow may be required to provide day-to-day supervision. In these cases, the College provides appropriate training and assigns a contact fellow to provide support.

Learning and assessment in the Health System Science domain is covered by candidate participation in a recognised Master degree (while working in an accredited training post). The other three domains (Medical Management Practice, Personal and Professional Leadership Development, and Research Training) may involve some University learning (workshops and research support). Currently 22 Master programs are recognised by the College.

This is supplemented by College-organised teaching and learning (online modules, face-to-face workshops, mentoring) and by supervisors in College-accredited training posts who formatively assess the candidates in a schedule of regular and frequent face-to-face discussions in the workplace. The Jurisdictional Committee and particularly the Jurisdictional Coordinators of Training (JCTs) play important roles in the delivery of the College-organised material.

The College is currently undertaking three key IT initiatives to enhance the curriculum and personalise each candidate's journey through the training program:

- Zoom video conferencing is enabling greater candidate participation in training sessions both within and between jurisdictions, as well as improving communication between candidates, supervisors, preceptors and JCTs.

- Canvas, a cloud-based learning management system launched at the start of 2018, is enabling the College to place the entire training program online. The site is currently being populated with learning modules.

- MyRACMA, a new online platform to be implemented for candidates in 2019, will have a function for candidates to manage their training program individually. It will also streamline administrative functions of the College to support learning, teaching, and assessment.

A.5 Program assessment

Assessment is the responsibility of the Education and Training Committee. Progress of candidates is monitored by the Training Progress Committee whose members include the JCTs. The Chair of the Training Progress Committee is a member of the Education and Training Committee. Summative assessment is the responsibility of the Board of Censors. The Censor-in-Chief is a member of the Education and Training Committee.

The Assessment in the Fellowship Training Program policy outlines the program of formative assessment activities and summative tasks that are aligned to learning outcomes for each domain with increasing emphasis on formative assessments. The assessment policy is supported by the following policies: Deferment, Taking Leave and Withdrawal/Resignation from Fellowship Training Program and Special Consideration for the Oral Presentation for Candidates.

A domain-based blueprint provides an overview of the formative and summative activities:

Domains	Formative activities		Summative activities			
	Masters study RACMA workshops Logbook entries	Workplace observation and feedback	In-training performance reports	Oral Examination	Oral and written research tasks	Masters study coverage
Health system science (HSS) *Specialist knowledge acquisition*	✓	✓	✓	✓		✓
Research training in health service research (RT) *Skill development in evidence-based practice*	✓				✓	✓
Personal and professional leadership development (PPLD) *Mastery of reflective practice*	✓	✓	✓			✓
Medical management practice (MMP) *Skill development*	✓	✓	✓	✓		✓

Workplace observation is provided by the candidate's supervisor and performance is recorded against the Annual Training Plan, forming the basis of the semester In-Training Performance Report (ITPR).

Feedback is provided across the program of activities; it is provided by the College to candidates at the conclusion of the Oral Presentation of Research Progress and the Trial Oral Examination; and by the relevant university for activities associated with the Master program. The Training Progress Committee assess the ITPRs for each candidate every six months. Candidates who are flagged as at risk of unsatisfactory progress are contacted by the appropriate JCT.

The College has a regulation, RACMA Candidates in Difficulty in the Fellowship Training Program, for candidates who may be determined as being 'at risk' following a Training Progress Committee meeting. Confidential discussions between the JCT and the candidate are initiated to determine the accuracy of documentation, appropriate negotiation, and escalation pathways. The candidate is made aware of the people who need to be informed of their circumstances and candidate permission is sought where appropriate.

The College has adopted a cyclical improvement approach to maintaining the quality of all assessment activities in the training program. This approach is clearly articulated in the assessment policy.

The College has established workplace training programs for supervisors, preceptors and censors. These training programs include assessment and particular attention is being given to standardisation of workplace experiences to give candidates a range of experiences that are required to successfully pass the Oral Examination.

Both the trial and final Oral Examinations are audited and performance of censors are evaluated. The trial Oral Examinations are recorded for censor training purposes.

The table below provides the Oral Examination pass rates by attempt number.

Year of Oral Exam	Pass on first attempt	Pass on second attempt	Unsuccessful	Total attempting	% Pass rate
2009	6	2	2	10	80%
2010	24	1	2	27	85%
2011	10		12	22	45%
2012.1	12	3	6	21	70%
2012.2	5		7	12	42%
2013	9	5	5	19	74%
2014.1	13	1	9	23	61%
2014.2	15	4	13	31	60%
2015	12	5	6	23	74%
2016	15	0	20	35	42%
2017	15	8	7	30	77%

A.6   Monitoring and evaluation

Monitoring

The College training program is monitored and evaluated through a range of activities. Externally facing activities include the President's and Chief Executive's (CE) participation in quarterly meetings of the Council of Presidents of Medical Colleges, and the Jurisdictional Chair, New Zealand and CE's participation in the quarterly meetings of the Council of Medical Colleges, New Zealand.

Teaching, assessment and the quality of training posts are monitored through informal forums open to candidates and supervisors, supplemented by annual formal surveys of both. Survey

results are discussed by the College's Education and Training Committee (ETC), with any relevant recommendations made to the Board.

The ETC also plays a role in monitoring candidate satisfaction, with the Chair of the Candidate Advisory Committee being a member of the ETC and raising candidate concerns in that forum.

With respect to monitoring of specific activities, the College monitors the consistency of its Oral Examination through training of Censors, including calibration activities prior to each examination session and through annual review of its marking rubrics. Candidate and censor feedback is obtained following each examination.

The Training Progress Committee (TPC) monitors the completion of candidates' In-Training Performance Reports (ITPRs). The TPC's oversight of this aspect of the training program gives it the necessary background to identify and suggest remediation activities for candidates in difficulty and to make recommendations.

The College intends to monitor the recent introduction of rubrics for the ITPR through annual candidate and supervisor surveys.

The Research Training Domain of the curriculum is presently the subject of special attention by the College. After receiving advice in recent annual surveys about candidate difficulties (including in relation to research supervision) the College has undertaken a survey of fellows who have completed research training, current candidates, research assessors and academic advisors, to identify areas for improvement.

Workshops undertaken by the College, whether through the College Office or Jurisdictional Committees, are evaluated through participant surveys. The results of these surveys are communicated to presenters and to the relevant educational subcommittee for consideration.

Evaluation

The College relies on annual survey data to evaluate candidate satisfaction and to confirm that the training program meets the standards set by the College. The College evaluates whether the training program meets community needs through its biannual workforce survey, which in 2015 had a response rate of 60 per cent. The College's work in this regard occurs in parallel with the College's participation in the National Medical Training Advisory Network data collation process, and to some degree, appears to benchmark itself against other colleges participating in that process. The College considers that the increasing success of those applying for funding for registrar posts reflects the value of specialist medical administrators in the health workplace.

The College proposes to evaluate the transition of the training program from an annual progression model to an integrated model of competency-based progress in each domain (with increased level of workplace-based assessment) over the 2018-2020 period through surveys. It anticipates that the re-activated Curriculum Steering Committee (CSC) will play a role in identifying appropriate quality benchmarks for the training program. The CSC will also be involved in assessing completion rates and employment outcomes for both the training program and the College's Leadership for Clinicians education program.

Feedback, reporting and action

The College's governance structure provides opportunities for candidates and supervisors to provide feedback in relation to the training program. The College's decision to reorganise the training program from an annual progression model to an integrated model has been driven by feedback from candidates, supervisors, the general fellowship, and the education sector.

The Board obtains feedback from a range of internal stakeholders, including Jurisdictional Committee Chairs, selected supervisors and College Office staff, at annual strategic planning days. External feedback, including feedback from consultants engaged by the College to report on particular aspects of its activity, is also discussed.

The College is actively involved in consultation with health departments, hospitals and with community health services on a range of policy matters. Community feedback is obtained through the appointment of a community representative to the ETC, and through ad hoc consultation with other community groups.

The College has encouraged candidates to provide candid feedback through the establishment of annual open forums with College office holders. Both candidates and College office holders indicated that they greatly valued the opportunity to provide and obtain feedback in this informal setting.

A.7   Trainee selection and support

Selection

There are three pathways for entry into the Fellowship Training Program:

- Standard Pathway
- Clinical Specialist Pathway (an accelerated pathway)
- Medical Executive Pathway (an accelerated pathway).

Standard Pathway

Suitably qualified doctors seeking entry to the training program may apply to train to become fellows of the College. To be eligible to be considered for candidacy, a doctor must show evidence of meeting the basic pre-requisites: a medical degree acceptable to the Medical Board of Australia and the Medical Council of New Zealand; a minimum of three years of clinical practice in Australia, New Zealand or similar setting; demonstration of interest and aptitude for management and leadership in the health system, and employment in an accredited supervised medical leadership or medical management position.

Standard Pathway candidates enter the FRACMA training program in one of two ways as shown in the diagram below. Candidates already in a substantive position who seek accreditation of their post for medical administration training purposes usually maintain their existing job title while candidates who apply for an existing accredited rotational training post are generally called registrars. Candidates in substantive posts self-select, while registrar candidates in accredited medical management training posts are subject to recruitment processes for Junior Medical Officers (JMOs). The appointment processes follow the rules associated with each jurisdiction and the selection criteria for RACMA candidacy is outlined in the graphic below.
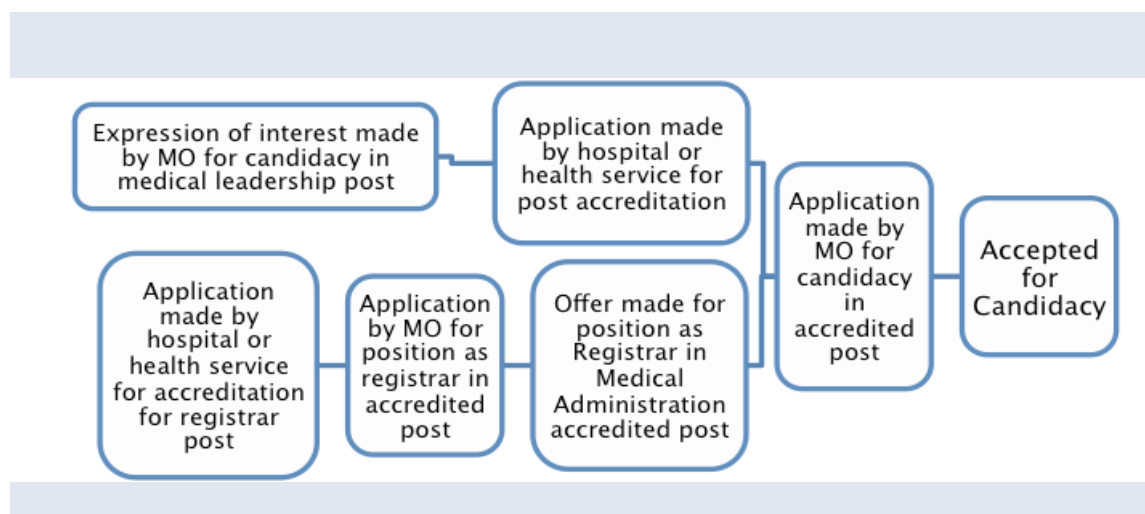
There is a template for the job description of a medical administration registrar which is customised for the nature of the post and monitored in the accreditation of training posts

processes. The recruitment process for registrars involves scrutiny by the JCTs who are well versed in ensuring that the processes are transparent and fair, and that there is a process for formal review of decisions in relation to selection in both the public and the private sector which is outlined to candidates prior to the selection process.

Accelerated Pathways (Clinical Specialist Pathway and Medical Executive Pathway)

Doctors with demonstrated experience in medical management in Australia or New Zealand may seek recognition of prior learning and experience (RPLE) when applying for entry to the training program. The level of RPLE awarded will reduce the required period of supervised medical management practice.

Clinical Specialist Pathway

Clinical specialists with substantial medical management experience in the Australian and New Zealand health system can seek RPLE for entry to the training program. This pathway is ordinarily based on 18 months of RPLE and will reduce the training time in medical management practice under supervision from 36 months (as a minimum) to 18 months full-time equivalent.

Medical Executive Pathway

Doctors with significant demonstrated experience in medical management in Australia and New Zealand may seek entry to the training program with a maximum exemption from supervised medical management practice. Doctors seeking RPLE into the Medical Executive Pathway will need to demonstrate senior medical management experience in executive medical administration/management roles at least 0.8 full-time equivalent over a five-year period as a minimum.

As at June 2018, there were 92 candidates in substantive leadership posts in Australia and eight in New Zealand, and 44 registrars in Australia (27 in Specialist Training Program or Integrated Rural Training Pipeline posts) and three registrars in New Zealand.

Trainee participation in governance and communication with trainees

The College has a Candidate Advisory Committee (CAC) comprising jurisdictional candidate representatives either nominated by the respective Jurisdictional Committee or via a voting process. Generally, the CAC representatives are also the candidate representatives on their relevant Jurisdictional Committees.

Meetings of the CAC are held by teleconference supported by the College. Distribution of communiques following each meeting is facilitated by the College Office. The Chief Executive and the Dean of Education are invited to attend CAC meetings on an ad hoc basis.

There are candidate representatives on a number of College committees, including on each Jurisdictional Committee (as mentioned above), and on the RACMA Board (as the Candidate-elected Board Director), the Education and Training Committee (as the chair of the CAC), the Research Training Committee and the Curriculum Steering Committee.

Candidates are 'voting' members on the committees on which they sit, however they may not participate in endorsement of summative assessment outcomes.

Candidates are also involved in strategic planning days and special working parties, for example the Programmatic and Workplace Assessment Working Party included the chair of the CAC.

The College communicates with candidates via provision of information on the College website, in particular through the 'Candidates Corner' section of the website. Information regarding new initiatives are communicated directly to candidates via supplementary bulletins.

Trainee wellbeing

The College provides access to its Employee Assistance Program for candidates.

College accreditation of training posts requires the site manager to indicate the level of employee support available including training leave entitlements, protective legislation, and pay scale. The post must also have clear and unambiguous policies for the prevention of, and response to, bullying, harassment and sexual harm. Training post accreditation processes are described under A.8 below.

In 2015, the College undertook a survey regarding bullying, discrimination and sexual harassment (BDSH) in the lives of College fellows and candidates, and a majority of survey respondents cited incidents of BDSH in the workplace. In 2016, the College developed its policy, Discrimination, Harassment, Bullying and Victimisation which is accompanied by a position statement from the President and a training webinar on the College website.

Resolution of training problems and disputes

With regard to addressing problems with training supervision and requirements, candidates can approach either their supervisor or their preceptor (and if the problem was involving either supervisor or preceptor then the discussion would be had with the other). As per the regulation, Supervised Practice in the RACMA Fellowship Training Program, such issues can generally be resolved at the level of preceptor discussions. If resolution cannot be obtained then there is an escalation process in place via the JCTs to the Chief Executive. When this has happened in the past, the candidate was provided with a new preceptor or supervisor, and the issue was resolved.

A.8 Supervisory and training roles and training post accreditation

Supervisory and training roles

The College has three main supervisory and support roles:

- Supervisors
- Preceptors
- Jurisdictional Coordinators of Training.

The training program requires that candidates are supervised in their workplace/training site. The **Supervisor** is the candidate's line manager or the person to whom the candidate reports in the workplace of medical management practice and will ideally be a fellow of the College. If the supervisor is not a fellow, the College will provide a briefing on the role and training program.

The role of the Supervisor includes providing training opportunities and overseeing the development of agreed competencies by the candidate. Supervisor observations of candidate progress via the In-Training Performance Report form an important part of the assessment of the candidate and are reported to the College as an integral part of the candidate meeting requirements, competencies and professional expectations. These observations also form the basis of regular discussion, feedback and reflection for the candidate.

The **Preceptor** is a fellow of the College who performs a mentoring role, and is generally linked to the candidate throughout the duration of their candidacy. The Preceptor assists the candidate in preparing the Annual Training Plan. There is also the expectation that the Preceptor and Supervisor will meet at least twice in each training semester, which can be via telephone.

The **Jurisdictional Coordinators of Training** are fellows of the College who are standing members of their Jurisdictional Committee. As a group they form the membership of the Training Progress Committee responsible for monitoring In-Training Performance Reports.

New supervisors receive the College's Supervisor Kit which includes position description and accountabilities, the Supervisor Manual, the Candidate's Training Calendar, and key jurisdictional

and College contacts. Supervisors are invited to attend regular faculty webinars and professional development workshops and are expected to attend a faculty workshop at least once every three years, held in conjunction with the Annual Scientific Meeting.

In addition to the above roles, candidates who enter via the Medical Executive Pathway are also appointed an executive coach to provide additional support.

With regard to Censor training for summative activities, training begins with provision of written information, followed by a meeting with the Censor in Chief to familiarise new censors with their responsibilities and the assessment processes. Prior to participating fully in a summative assessment activity, a new censor will first act as an observer of the process being paired with an experienced censor.

Annual Censor Training Workshops are held and involve a review of videos of censors examining candidates at the Trial Oral Examination. Censors are asked to score the candidates for later comparison. Some censors are also asked to provide feedback to the censors in the video regarding their performance.

Censors are expected to attend at least one face-to-face Board of Censors meeting each year and at least one Faculty Workshop every three years.

The annual Candidate Survey has questions on supervision, and feedback on censor behaviour is also sought. The responses are themed and quantified, and provided to the Education and Training Committee for review.

Supervisor Surveys are also undertaken. The main request resulting from these surveys is for increased professional development training and tools for assessment of workplace activities. Such topics have been added to the Faculty Development Webinar Program and to the schedule of topics for the College Professional Development Forum.

Training post accreditation

The Accreditation of Training Posts regulation outlines the policy and processes relating to post accreditation. It specifies the compliance requirements, standards, and continuing obligations for the health setting of training posts that must be met. A new process was implemented in 2010, following the last accreditation.

There is a standard Application for RACMA Accreditation of Training Post, which is initially reviewed for compliance and provisional accreditation. The College then arranges an accreditation site visit by the Site Visit Accreditation Panel to confirm the supervision and training requirements specified in the regulation. The visit panel then prepares a report for the Accreditation Review Panel (ARP) with recommendations for the suitability and duration of the post accreditation and any potential areas for improvement. The ARP makes a recommendation on accreditation status to the Education and Training Committee for endorsement by the Board.

There are then three accreditation outcomes:

1   Full Accreditation

2   Accreditation with Recommendations (includes three review processes over a six-month period to confirm recommendations are being implemented)

3   Withdrawn Accreditation due to reasons such as failure to meet minimum requirements; failure to implement recommendations within the timeframe, or no progress made; unsatisfactory report following review by a Site Visit Panel; insufficient or lack of consistent and appropriate supervision to support the training post.

The number of visits undertaken in 2018 was 56, the number of sites with accredited posts is now 105.

A.9 Continuing professional development, further training and remediation

The College requires that fellows and associate fellows participate in the RACMA CPD program to remain in good standing with the College and to comply with the Medical Board of Australia Continuing Professional Development Registration Standard and Medical Council of New Zealand recertification requirements for vocational registration.

The Continuing Education Program Committee is responsible for developing policy and standards for assessment and monitoring of professional development for fellows/associate fellows, oversees member registration for continuing professional development activities, and for ensuring compliance with Medical Board of Australia CPD registration standards/Medical Council of New Zealand recertification requirements.

The CPD program runs on an annual cycle and details are published online in the RACMA Continuing Professional Development 2017-2018 Handbook.

The program's activities relate to two overarching CPD standards:

Standard 1 – Development of Professional Practice

1a   Professional development plan [10 points per activity].

1b   Audit of medical practice (e.g. audit of doctor's practice in medical management against an established standard, or audit of departmental outcomes/standards) [10 points per activity].

1c   Peer review (e.g. practice visit, or 360° or multisource feedback tool) [10 points per activity].

Standard 2 – Continuing Medical Education

2a   Self-directed education [1 point per hour of activity].

2b   Education activities [1 point per hour of activity].

2c   College meetings (attendance and participation) [1 point per hour of activity].

In Australia, each year fellows are required to achieve a minimum of 50 CPD hours and associate fellows a minimum of 25 CPD hours as follows to maintain RACMA membership:

- Mandatory – Professional Development Plan.

- Optional – Audit/Peer Review.

- Mandatory – Continuing Medical Education.

In New Zealand, each year fellows are required to achieve a minimum of 50 CPD points and associate fellows a minimum of 25 CPD points as follows, for membership:

- Mandatory - Professional development plan – 10 points.

- Mandatory - One audit per annum – minimum of 10 points.

- Mandatory - Peer review activities – minimum of 10 points.

- Mandatory - Continuing Medical Education – minimum of 20 points.

It is noted that in New Zealand vocational registration requires 50 points of relevant CPD irrespective of RACMA membership category.

All members are subject to an annual certification audit and 10% of members are randomly assessed for compliance.

The Continuing Education Program Committee monitors the participation and compliance rates for the CPD program. The College issues annual certificates of currency and, in the event of non-fulfilment, relevant fellows are notified of the potential for discontinuation of membership and

are offered an opportunity for explanation and encouraged to participate more actively in the future.

The College provided details for 2016 as follows:

	Participated in CPD activities in 2016	Issued with certificate of currency in 2016	Percentage increase from previous year (2015)
Fellows	97%	92%	6%
Associate Fellows	69%	58%	10%

In 2018, the College introduced MyRACMA, an online platform that allows members to record their CPD activities and update personal details.

The College's Performance/Competency and Retraining policy outlines the process for fellows returning to active practice following protracted leave or who require retraining either via self-identification of need or a regional health board, medical board or medical council requirement. In the past two years, there has been one application for re-entry to practice.

A.10 Assessment of specialist international medical graduates

The College undertakes the assessments of specialist international medical graduates in medical administration for the Medical Board of Australia and the Medical Council of New Zealand. RACMA's requirements and procedures for its assessment process for specialist international medical administrators are described in the policies, Assessing International Medical Graduates (IMGs) seeking Specialist Recognition and RACMA Fellowship, and Assessing International Medical Graduates seeking RACMA Fellowship (NZ). These policies are publicly available on the College website.

In Australia, the specialist assessment process involves the following steps:

- When an application is received, the College convenes a standing RACMA IMG Assessment Panel. The panel consists of three senior fellows (at least two of whom are censors) that will make assessments as required. The panel completes a paper-based evaluation of the international medical graduate's experience and skills. If the written submission is found to be suitable an interview is granted.

- The interview is approximately three hours in duration. The panel will assess the applicant's application in terms of work experience compared to that of an Australian-trained medical administrator. The applicant will also be asked to prepare two case study scenarios (provided during the interview) comprising 20 minutes for preparation, followed by 10 minutes for presentation to the panel and a further 10 minutes for question and answer discussion. At the conclusion of the interview, the applicant may make additional comments or seek clarification regarding their application. The panel will also provide feedback regarding the applicant's 'performance' during the interview and on the knowledge and competency displayed in presentation of the case study.

- The RACMA IMG Assessment Panel makes a recommendation to the Education and Training Committee, and then the RACMA Board for endorsement, on the outcome of the assessment. The applicant will be considered as either 'Substantially comparable', 'Partially comparable', or 'Not comparable' to that of an Australian-trained medical administrator. Depending on the outcome, further assessments/placements may be required. Advice is provided to the applicant and the Medical Board of Australia.

The College processes for assessment of specialist international medical graduate applications in New Zealand are similar to those in Australia. An application is received, and following the paper-based assessment, if the IMG is considered to be comparable or substantially comparable to a New

Zealand Fellow of RACMA, he or she will be recommended for an interview with the College. Following the paper-based assessment, the College is required to complete and submit a report to the MCNZ advising of its assessment. The College interview will follow a similar format to the process for panel interviews for accelerated pathways to fellowship. Following the interview, the College will advise the Medical Council of New Zealand in relation to the vocational scope.

Section B   Assessment against specialist medical program accreditation standards

B.1   The context of education and training

1.1   Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.

- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.

- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.

- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.

- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.

- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.1.1   Team findings

The College has a comprehensive governance structure at national, jurisdictional and local levels that covers its responsibilities for specialty training and assessment, continuing professional development and assessment of specialist international medical graduates. The College has prioritised its governance structures to support its educational role relative to its other activities, and the College's Constitution and Strategic Plan clearly articulates this priority.

The Board and committee roles, membership, delegations and reporting functions are well documented in the College policies and specific committee terms of reference. These structures and processes are generally well understood by candidates, preceptors and supervisors.

There was evidence that the governance structures functioned well within and across the various groups. There are two areas where some further attention is required and these were acknowledged by the College:

- The College structure reflects the federated model of the organisation and the College acknowledges the challenges in ensuring representatives based in rural, remote, or small jurisdictions can participate easily in the national committees. The College could improve support for these representatives by identifying ways to enable better access for these members, whether through meeting scheduling, improved IT or more flexible ways to contribute to national committee business.

- To build on the recent strengthening of the terms of reference of the Candidate Advisory Committee, and ensure the committee works well, the college should identify structured professional development for candidates in representational and governance roles.

Although there were no concerns about the process for the assessment of specialist international medical graduates, the oversight responsibility was not clearly identified in the College's governance arrangements and this was reflected in interviews with some fellows engaged in governance functions.

While there is an external member on the College Board and one community representative on the Education Training Committee, the team noted that the College is in the early stages of formally engaging community members into its governance structure and has ambitions to increase formal engagement. The team recommends the College develop an organisational community engagement strategy including defining who is 'the community' to assist with this process.

The College has a number of structures and mechanisms to engage with relevant groups about key issues related to its role and function including membership of Council of Presidents of Medical Colleges, and partnerships with jurisdictional health departments. There was clear evidence of collaboration with those interviewed describing a strong bond with a 'collegial' and 'flexible' college. There was a consensus of significant progress on the branding, identity and customer focus of the College over the last twelve months.

The College has a comprehensive Conflicts of Interest and Declaration of Interests policy applicable to RACMA Directors, officers, and committee members.

1.2   Program management

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
  - o   planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
  - o   setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
  - o   setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
  - o   certifying successful completion of the training and education programs.

1.2.1   Team findings

The College has robust committee structures with the responsibility, capacity and expertise required to direct the key educational functions at both the national and local level. In particular, the team noted the leadership, commitment, expertise and rigor of the Education and Training Committee and the Continuing Education Program Committee, as lead committees.

The Specialist International Medical Graduate Committee has a clear remit for the assessment of specialist international medical graduates, although was not represented in the organisational charts provided to the team.

The evidence demonstrated the structures to assess and support specialist international medical graduates are adequate for the size of the cohort.

1.3   Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

1.3.1 Team findings

The College's Reconsideration, Review and Appeal of Decisions of the College Committees and Officers processes and policy supports the principles of fairness and transparency. The team noted from candidate and fellow feedback that the processes are, in the large part, understood and perceived to be accessible. The policy is publicly available on the College website.

In the period 2013-2018, there have been four requests for reconsideration of decisions on recognition of prior learning and experience on entry to candidacy (three were upheld and one was overturned), and five requests for reconsideration of Oral Examination results (four were upheld and one was overturned). There was no evidence of an evaluation process to consider whether there may be underlying systems issues.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

1.4.1 Team findings

The Dean of Education has a strong, clear role in the development and continuous improvement of the training program. In addition, the Education and Training Committee membership ensures the College receives a broad perspective on the educational needs of candidates and fellows. The team noted very positive feedback from fellows in particular, expressing confidence in the educational expertise within the College Office and the membership more broadly.

The team notes the appointment of further medical education expertise to the College Office and commends the College on the positive impact of this appointment on College members.

The College has taken some steps toward benchmarking its curriculum with similar national bodies and in particular other medical specialty colleges.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.5.1 Team findings

The Board has supported senior management to review and increase resources for College functions. In particular the changes in the last 12 months, including the enhancement of a customer focus approach and more streamlined processes to deal with queries, have resulted in greater engagement and optimism within the membership. Fellows described the College as 'collegial' and 'flexible' and articulated a strong sense of support and belonging. The team commends the College Office staff for its strong customer focus.

There is now a strong central College Office and committee structure both at the national and jurisdictional level, whose roles include the ongoing assessment and monitoring of capacity and resource issues to support the educational functions. This includes close oversight of the capacity challenges at the training sites related to the size of its unpaid fellow and associate fellow workforce and the increasing workload on the College Office, the Jurisdictional Coordinators of Training (JCTs) and the fellowship as the demand for FRACMA, AFRACMA programs and recognition of prior learning grow.

However, due to increasing candidate numbers, there is greater reliance on unpaid administrative support at the jurisdictional and training site levels, despite ongoing work to recruit and support program delivery staff and provide greater member support via eLearning. In particular, there were examples of JCTs lacking adequate support to fulfil their role obligations.

The team notes recent processes to address the availability of pro rata fees, and planned activities to improve the transparency and information derived from its budgetary processes to support both financial sustainability and member engagement. Greater transparency about expenditures, particularly those that provide direct member benefits may further improve member engagement.

A key area of challenge, is the current College website and interactive platforms, which are generally viewed as 'clunky' especially compared with other specialty medical colleges. This is recognised by the College, which has proactively developed a number of IT initiatives including a new website, the MyRACMA online learning management system, and multiple device applications. Due to the timing of the review, the technical expertise and resources were not yet in place to ensure these significant changes can be implemented successfully.

1.6   Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.

- The education provider works with training sites and jurisdictions on matters of mutual interest.

- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1   Team findings

The team commends the commitment to developing formal workforce planning in medical leadership and administration in Australia and New Zealand and notes the positive impact for both key internal and external stakeholders. The team noted the overwhelming view of health departments and services of the high value of RACMA fellows' special skill in health systems management. Many stakeholders interviewed reported that RACMA programs and members providing strong clinical governance foundations that have assisted in providing an integrated model of health service management across many disparate sites and across all health professions.

External stakeholder feedback noted the relevance of the educational programs and qualifications and cooperation in dealing jointly with key issues. Special mention was made of the value of the Leadership for Clinicians program.

These achievements could be further enhanced, by exploring potential collaborations with relevant specialist medical colleges and organisations to develop the regional and rural workforce across Australia and New Zealand. The Queensland model of workforce planning partnering with the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Rural Generalist Program and the Queensland Department of Health was noted as a particular exemplar, which might be of broader benefit.

The team noted the efforts taken at the jurisdictional and local training site levels to engage fellows and other medical administrative staff in a range of supervisory, preceptor and line management support of candidates. While there is jurisdictional and site variation due to geography, number of fellows and the health system management framework, the training program and input from RACMA fellows to the service were unanimously seen as a positive, and the team noted many instances of mutual collaborations across the College and the health sector. The College has ambitions to build on this work and further improve community engagement and community representation through its governance structures. A first step in developing a strategic approach would be to define 'who is the RACMA community' and identify the range of groups and organisations that may contribute.

The College has engaged with Indigenous health organisations at the national level in Australia and New Zealand including the Australian Indigenous Doctors' Association (AIDA) and Te ORA. These arrangements are currently ad hoc. To strengthen this engagement the team recommends the College develop formal memoranda of understanding or agreements with key Māori and Aboriginal and Torres Strait Islander organisations to clearly describe the scope of engagement.

1.7 Continuous renewal

The accreditation standard is as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

1.7.1 Team findings

The College has continued to demonstrate a culture of review and commitment to adapting its governance and program management structures to meet future challenges.

The College has a change management agenda to address as part of the introduction of the integrated learning model for the Fellowship Training Program. The revised program has re-organised curriculum content and assessment against four domains, which run longitudinally over the duration of the program with progress based on competency development. The team notes there will be refinement of these priorities over the coming months, including feedback from the AMC accreditation review.

The team considers that a change management plan is needed while noting that the College has a strong budgetary position for the current financial year and plans to utilise a surplus to support upcoming change projects. In discussions with the team, the College recognised the need for good governance and support structures for smooth transition to integrated learning model. As noted later under Standard 6, the development of overarching monitoring and evaluation strategy will also support systematic evaluation.

Commendations

A   The College's sound governance structures and processes that are fit for purpose and organisational size. (Standard 1.1)

B   The College's commitment to developing formal workforce planning in medical leadership and administration in Australia and New Zealand, and the impact for both key internal and external stakeholders. (Standard 1.6)

C   The Board and senior management's proactive structured review of resources supporting the College's education functions and the new resources for the College Office that have been very positively received by candidates and fellows. (Standard 1.4 and 1.7)

Conditions to satisfy accreditation standards

1   Update the College's documentation, such as the organisational chart, to describe the position of Specialist International Graduate Panel in the governance framework. (Standard 1.1)

2   Develop a process for evaluating whether appeals and complaints indicate any underlying systems issues. (Standard 1.3)

3   Provide evidence of adequate support, resources and training for the Jurisdictional Coordinators of Training in the transition to the integrated learning model, which reorganised curricula content and assessments into four competency-based domains. (Standards 1.5, 4.2 and 8.1)

4   Develop a change management plan covering the communication, implementation and evaluation of the various curriculum, assessment, IT and other resource changes across national, jurisdictional and local levels to support the smooth transition to the integrated learning model. (Standard 1.7)

5   Provide evidence of appropriate resourcing and technical expertise to support the effective implementation of the various IT innovations needed to implement the curriculum including the MyRACMA platform. (Standards 1.5 and 4.2)

Recommendations for improvement

AA   Develop and evaluate more flexible approaches to allow fellows based in rural or remote or small jurisdictions to contribute to the College's national committees. (Standard 1.1)

BB   Develop an organisational community engagement strategy including defining who is 'the community' to support the College's ambition to increase community engagement and representation in its governance structures. (Standard 1.1)

CC   Provide structured professional development to support candidates in representational and governance roles. (Standard 1.1)

DD   Collaborate with other medical colleges and organisations to further develop the regional and rural workforce of medical administrators. (Standards 1.6 and 2.2)

EE   Develop formal memoranda of understanding or agreements with key Aboriginal and Torres Strait Islander and Māori organisations to strengthen engagement and to clearly describe the scope of engagement in the training program. (Standard 1.6)

B.2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.

- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.

- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

The College has a clearly defined educational purpose that is articulated in its strategic plan and core values documents. The stated principal object of the College to '…deliver comprehensive education and training programs to medical managers and other medical practitioners who are training for or occupying, management roles and positions' is appropriate and fills a need in the healthcare provision landscape. In addition, the College has four stated core values in its overall and educational purpose: professionalism, integrity, excellence and respect.

The College's curriculum maps well to this purpose and there are clear links and flags in the curriculum documentation that reference this purpose. After meeting with office bearers, fellows, candidates and external stakeholders across all jurisdictions, it was clear to the team that, the College strives to be the peak body that trains medical leaders in Australia and New Zealand. This aim is underpinned by the concept that excellence in medical leadership leads to high-quality and safe health care for consumers.

The team explored the educational purpose of the FRACMA and contrasted this to the AFRACMA. It was clear to the team that the FRACMA is seen as the appropriate pathway for medical staff who intend to work in substantive roles in medical administration (e.g. Directors of Medical Services, Chief Medical Officers) and that the College's aim is that all senior doctors in these positions in Australasia be a fellow of the College. The College has articulated to the team that the AFRACMA qualification is intended for senior clinicians in substantive roles whose focus is clinical rather than administrative (e.g. Heads of Clinical Units, Service Directors). The purpose of the AFRACMA is to provide development for these medical professionals in the basic components of medical leadership and administration.

The team did encounter concerns from candidates and fellows that the AFRACMA qualification may be devaluing the full FRACMA in relation to obtaining jobs in medical administration (post-completion of fellowship). However, this view was not evident when the team discussed this issue with employers/potential employers on the site visits.

Whilst the College clearly shows intent in its actions, RACMA's purpose does not directly address the specific needs of Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. The team noted the College's intent to address this in the core purpose of the College. As noted under standard 1.6, the current ad hoc relationships with the Australian Indigenous Doctors' Association (AIDA) and Te ORA are positive, but there is a need to establish more formal relationships. The team commends the College for working toward education in cultural safety rather than cultural awareness. Under Standard 3, the team recommends that the College builds on this positive work by developing a systematic plan to ensure continuous improvement and appropriate prominence in the program.

The College has good links and consults widely with external stakeholders, in particular the military, private and government sectors. The team did hear some concerns from candidates and fellows with regard to the lack of clarity in communication of the College's purpose and aims to entities and people external of the College. However, the team observed that this concern has decreased since the recent revision and refresh of the marketing, crest and the move to new offices that have improved the College's public image.

2.2 Program outcomes

The accreditation standards are:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.

- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

2.2.1 Team findings

The College has clearly defined program outcomes in its curriculum and the eight role competencies (based on the CanMEDS Framework) to be achieved by fellows are clearly identified. In the recent curriculum review, the College has grouped the eight role competencies into four domains: Health System Science, Medical Management Practice, Research Training, and Personal and Professional Leadership Development. The College's CPD program is designed such that fellows are required to maintain and enhance their competencies throughout their career. The college regularly reviews its curriculum components to ensure that graduates and fellows can fulfil their role as medical administrators in Australia and New Zealand.

The College could consider whether there are opportunities to provide targeted support and development to candidates who intend to work in areas of need, particularly in regional and rural Australia and New Zealand.

2.3 Graduate outcomes

The accreditation standards are:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

2.3.1 Team findings

The College has clearly defined graduate outcomes (key goals of role competencies) that are outlined in the Medical Leadership and Management Curriculum which is publicly available on its website. Reflecting positive feedback from health services on the contribution of fellows, these outcomes have remained constant in the re-organisation of the learning model.

The College is aware of the benefit of collecting data on graduate outcomes for its FRACMA and AFRACMA graduates. The team found that the College intends to work with Health Departments in various jurisdictions to collect data on graduate outcomes.

The College commissioned detailed workforce surveys in 2015 and 2017. These surveys contain useful information about RACMA candidates and fellows and include demographics regarding geography, age, gender, on international medical graduates, employment status and role, intention to retire, and the healthcare setting in which respondents worked (public versus

private, and metropolitan versus rural). While the survey does contain some very basic quantitative and thematic analysis, this is not yet particularly well developed. The most recent survey report is publicly available on the RACMA website.

There is an intent to undertake a part 2 of the 2017 Workforce Survey, which would involve workforce modelling to project potential shortages in medical management in Australia and New Zealand. This workforce modelling based on the 2017 data would allow the College to project potential shortages in the medical management workforce and make appropriate plans to address community healthcare needs. This may also provide some reassurance for current candidates who have concerns with regard to the availability of employment opportunities for new fellows.

Commendations

D   The clearly defined program and graduate outcomes that link to the curriculum documentation. (Standards 2.2 and 2.3)

E   The strong links and wide consultation with external stakeholders, in particular the military, private and government sectors. (Standard 2.1)

F   The Workforce Surveys of 2015 and 2017 which provide useful data and the foundation for workforce planning. (Standard 2.3)

Conditions to satisfy accreditation standards

6   Explicitly address the health of Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand in the College's purpose. (Standard 2.1)

7   Develop a plan to address any projected potential shortages in the medical management workforce or other relevant community healthcare needs identified in Part 2 of the 2017 Workforce Survey. (Standard 2.3)

Recommendations for improvement

FF   Consider whether there are opportunities to provide targeted support and development to fellows who intend to work in areas of need, particularly in regional and rural Australia and New Zealand. (Standard 2.2)

B.3 The specialist training and education framework

3.1 and 3.2 Curriculum framework and the content of the curriculum

The accreditation standards are:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.

- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.

- The curriculum prepares specialists for their ongoing roles as professionals and leaders.

- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.

- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.

- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).

- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

- Additional MCNZ criteria: Cultural Competence: The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

3.2.1 and 3.2.2 Team findings

The curriculum is well aligned with the program and graduate outcomes. The team commended the new integrated learning model, which maps the curriculum content, practical experience and assessments into four domains that are more clearly linked to practice and competency development.

The increasing focus on the quality and safety dimensions of effective healthcare delivery are well regarded.

Health leadership is a key focus of the curriculum and the four domains of learning (Health System Science, Medical Management Practice, Research Training, and Personal and Professional Leadership Development) linked to the CanMEDS competencies are well structured for delivering the competencies required of graduates of the program.

The Health Systems Science domain, which encompasses the medical expert domain, is achieved to a high level, by satisfying the requirements of a university Master degree.

The current Research Training domain provides candidates with an excellent introduction to research including ethics, methodology, report writing and a structured presentation. In the integrated learning model, the key elements of the Research Training domain are retained but with an improved focus on topics of greater relevance to the overall training program. Broader instruction will be provided in research ethics to achieve greater competency in the ethical conduct of research projects.

The curriculum contains cultural competence training, within the College-led part of the program, and the College is working towards further developing content on cultural safety. Feedback from candidates and fellows was positive but indicated that this content could be more prominent. The College should now build on this positive work by developing a systematic plan to ensure continuous improvement of this curriculum component and appropriate prominence in the program.

The move from a progression to an integrated learning model has been made with minor changes to the content, however, there are plans to further develop content on clinical governance and eHealth, and to enhance learning in Personal and Professional Leadership Development. This is a positive example of continuous renewal of the curriculum although, as for all Colleges, there continues to be a challenge in maintaining an achievable level of curriculum content.

3.3   Continuum of training, education and practice

The accreditation standards are:

- There is evidence of purposeful curriculum design, which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.

- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1   Team findings

The curriculum is well integrated across the program and articulates well into CPD.

The Recognition of Prior Learning and Experience policy and procedure outlines the application processes and details and is publicly available on the College website. There was evidence of this policy being applied flexibly to accommodate a range of requests from candidates who are already experienced clinical leaders or who have undertaken research.

3.4   Structure of the curriculum

The accreditation standards are:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.

- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

- The specialist medical program allows for part-time, interrupted and other flexible forms of training.

- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4.1 Team findings

The program outlines the requirements for candidates at each stage of training however some candidates reported that they were not always clear about the requirements for progression. The team heard comments from candidates that it can be difficult to determine progress against the program milestones.

The mapping of the curriculum to an integrated learning model that clearly aligns the curriculum content with the learning outcomes of the four domains will assist candidates to better organise their learning plans against formative and summative assessment milestones. This is seen as a very positive initiative across the College.

Additionally, the team heard from administrative staff that the rollout of a new MyRACMA platform will help by creating an individualised candidate status report for candidates to be able to better monitor their progress through the training program. The team was advised that a document is also in development and would be available by the end of 2018.

There is evidence of flexibility within the program for candidates to pursue studies of choice, based on their health service role. There is also evidence of flexible arrangements for candidates to complete the program on a part-time basis or to interrupt training.

Commendations

G   The flexibility of the training pathway and the ability of the College to meet requests for part-time or interrupted training. (Standard 3.4)

H   The well-structured processes to deal with a wide range of recognition of prior learning requests. (Standard 3.4)

Conditions to satisfy accreditation standards

8   Provide a system that gives candidates access to clear information on their progress against requirements. (Standards 3.4 and 7.3)

Recommendations for improvement

GG   Develop a plan for continuous improvement and promotion of cultural safety within the program. (Standard 3.2)

B.4   Teaching and learning

4.1   Teaching and learning approach

The accreditation standards are:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.1.1   Team findings

The specialist medical program employs a range of teaching and learning approaches within the program. There was evidence that the different activities and assessment methods have selected to best achieve the program and graduate outcomes. The range of learning approaches includes university modules, college learning activities, workplace supervision, a research project and mentoring.

The College clearly demonstrated a commitment to good practice in teaching and learning pedagogy in its development of the new integrated learning model.

4.2   Teaching and learning methods

The accreditation standards are:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.

- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.

- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1   Team findings

The program is practice-based in that all candidates are employed and supervised within a health service systems or management role and much of the curriculum is applied learning. There was positive feedback from health services and jurisdictions on the value of the medical administration program skill set to the health service.

Because candidates work in a range of job roles, supervisors work with each candidate to map the requirements of the curriculum to individual candidates' posts to produce a personalised Annual Training Plan. The team heard of considerable efforts made by supervisors to support candidates obtain supplementary placements that provide practical experience that supports the full breadth of theoretical learning in the curriculum. There is an opportunity for the College to support supervisors in this by working proactively and systematically with health services to identify relevant additional placements.

Jurisdictional Committees, particularly the Jurisdictional Coordinators of Training (JCTs), play a crucial role in enhancing the teaching and learning portfolio through case studies, mock oral examinations, workshops, and guest speaker sessions. These positions are extensive and with the revised teaching and learning requirements are of concern to the JCTs. The College will need to provide appropriate support or otherwise reconsider the breadth of the role.

While candidates are able to complete the requirements of the curriculum, there are barriers preventing access to some College activities offered across the jurisdictions. There were reports that some restrictions were due to IT issues and lack of time. The College is addressing these

issues. It will need to ensure that the implementation of the new IT systems is appropriately resourced.

The team was impressed with the immersion of candidates into the clinical workforce. The In-Training Performance Report, assesses candidates against the learning objectives within the workplace, according to the candidate's stage of development (novice, intermediate, competent or proficient).

The team heard that inclusion of a formal university Master degree was greatly valued by candidates. While the College currently recognises 22 Master programs, candidates have predominately selected programs at the University of New South Wales and Monash University on the basis of the advice of previous candidates, access (geographical and financial), and the mode of delivery. The College may wish to consider the value of accrediting such a large number of programs.

Commendations

I   The provision of a highly valued practice-based experience in the clinical workforce. (Standard 4.2)

J   The commitment to learning and teaching pedagogy and the reorganisation of the curriculum and assessment content into a clear integrated learning model that is well linked to practice. (Standard 4.2)

Conditions to satisfy accreditation standards

Nil additional conditions. Condition 3 (Standard 4.2) and condition 5 (Standard 4.2) apply.

Recommendations for improvement

HH   Reduce the number of recognised Master programs. (Standard 4.2)

II   Adopt a more active negotiating role with health services to secure additional placements that support candidates in a range of job roles to obtain practical experience that supports the breadth of theoretical learning in the curriculum. (Standard 4.2)

JJ   Improve cross-jurisdictional access to College activities for candidates. (Standard 4.2)

B.5   Assessment of learning

5.1   Assessment approach

The accreditation standards are:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.

- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.

- The education provider has policies relating to special consideration in assessment.

5.1.1   Team findings

The team considers that the assessment tools, reported and observed, are appropriate. A mix of formative and summative assessments occur across the curriculum. The College is emphasising formative assessment in the new learning model.

The Assessment in the Fellowship Training Program policy has been recently reviewed (August 2018) to accommodate the introduction of the new learning model. The assessment policy outlines the assessment framework and identifies the key principles for assessment that underpin the College's processes. The recent introduction of the MyRACMA online platform is seen as a positive development that will facilitate the monitoring of the progression of candidates through the training program and provides an opportunity to strengthen the Training Progress Committee processes.

As noted under Standard 3.4, the introduction of the integrated learning model and the MyRACMA online platform are also an opportunity for the College better communicate candidates' progress and status to candidates, supervisors, preceptors and Jurisdictional Coordinators of Training (JCTs).

The assessment approach is well supported by a portfolio of appropriate policies including Deferment, Taking Leave and Withdrawal/Resignation from Fellowship Training Program and Special Consideration for the Oral Presentation for Candidates.

5.2   Assessment methods

The accreditation standards are:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1   Team findings

The College invests considerable time, effort and resources into assessment methods. The College delivers clearly articulated formative and summative assessment activities that are fit for purpose for each curriculum domain. Systems are in place that ensure assessments are standardised within each domain.

There are marking rubrics to establish the scoring criteria for assessments for the Research Training domain and for the trial Oral Examination in the Health System Science domain. Rubrics for feedback for the workplace observations in the Medical Management Practice Domain were

piloted in 2018 and the rubric used for the marking the Oral Examination has been applied to the directly and indirectly observed management tasks in both the Medical Management Practice and the Personal and Professional Leadership Development domains. There was evidence that the roll-out of the rubrics has been supported by assessor training and this will need continuing attention as their use is evaluated and refined.

The team observed the conduct of the Research Presentations and the trial Oral Examination. The communication to candidates demonstrated a culture of excellence in assessment practice and respect and empathy for candidates sitting high stakes assessments.

The rigorous standard setting processes in place for the Oral Examination and Research Presentation assessment are also exemplary.

The College received positive feedback in an external expert review of the Oral Examination procedures in 2014. The recommendations for improvement have been implemented.

5.3   Performance feedback

The accreditation standards are:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.

- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1   Team findings

The team noted the critical role of the Training Progress Committee (whose membership consists of the JCTs) in assessing the progress of candidates and in providing feedback. Given the feedback on the workload and the critical nature of this role, the team recommends that the College review the resources provided to this committee to ensure that this function is sustainable. The sustainability of the role of the JCT is also discussed under standards 1.5, 4.2 and 8.1.

The regulation, RACMA Candidates in Difficulty in the Fellowship Training Program, provides an appropriate policy framework for the identification of candidates who are not meeting the outcomes of the training program.

The team was provided with examples of feedback letters from the Training Progress Committee to candidates who had progression problems. The team was impressed by the tone of these communications which clearly outlined what help was available to assist the candidates and the consequences of not working with the College to seek an acceptable solution to their candidature.

The team was reassured that multiple assessments of candidates were being collated in a way that highlighted areas of achievement and non-achievement, as well as allowing oversight with respect to progress. The team was shown a system the College was trialling to collate and manage assessments of each candidate that could act as an early warning system for candidates who may be struggling or getting behind with assessments or where the assessments were being held up in other parts of the system. The team encourages the College to further develop and test these processes and to report as they are refined and evaluated.

The College has procedures to inform employers/regulators (where appropriate) where patient safety concerns arise in assessment. These are identified in the regulation, Candidates in Difficulty in the Fellowship Training Program.

5.4   Assessment quality

The accreditation standards are:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1   Team findings

The team explored the variability in the pass rates for the Oral Examination with low pass rates in 2011, 2012 and 2016. The College reported that it investigated these results but could not attribute any cause to the structure of the program offered or its assessment. Other factors where considered but due to the small number of candidates it was not possible to interrogate the examination data any further. The team accepted the College's assurances with respect to the assessment quality on these occasions. The review of the Oral Examination by Professor Lambert Schuwirth in 2014 found that the validity and reliability of the examination were sound.

The College has adopted a systematic cyclical improvement approach to assessment quality and the cyclical approach is clearly evident and has been enculturated into practice. However, there is no documented process to ensure it continues beyond the current staff and fellowship. A documented process could also be a tool to further engage supervisors, preceptors and JCTs in this approach.

The team observed the standard setting processes for both the trial Oral Examination and Research presentation. These processes are thorough, fair and of best practice. There was little discrepancy in the scores given between the censors in the Oral Examination and, on all occasions observed, the overall grade was the same between censors.

The logbooks prepared by candidates in the Medical Management Practice domain are not audited. A random or sampling audit process to assess the quality of entries and to validate the experiences reported would provide assurance about the quality of the learning opportunities and experience. The College may wish to consider standardised logbooks to facilitate audit.

Commendations

K   The effort that has been put into assessment methodology and standardisation, including the proactive approach to commissioning external review to investigate concerns. (Standard 5.1)

L   The exemplary implementation of the Research Presentations and the trial Oral Examination. (Standard 5.2)

M   The evolving work on systems to support early identification of candidates who require additional support. (Standard 5.3)

Conditions to satisfy accreditation standards

9   Evaluate the new marking rubrics for the Medical Management Practice and the Personal and Professional Leadership Development domains. (Standard 5.2)

10   Evaluate and refine, if needed, the system to identify early candidates who may not be meeting assessments requirements or assessment delays caused by College systems. (Standard 5.3)

11   Audit logbooks (and respond to findings) to assure the quality of learning opportunities and experience. (Standard 5.4)

Recommendations for improvement

KK Strengthen the Training Progress Committee processes for monitoring candidates' progress as part of the implementation of MyRACMA. (Standard 5.1)

LL Standardised logbooks to facilitate quality assurance of this learning activity. (Standard 5.4)

MM Review resources provided to the Training Progress Committee to ensure that its role in monitoring and providing feedback to candidates on their performance is sustainable. (Standards 5.3, 1.1 and 1.5)

B.6   Monitoring and evaluation

6.1   Monitoring

The accreditation standards are:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.

- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.

- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.1.1   Team findings

While the College provided a range of specific examples of its monitoring and evaluation activities, these processes appear to be undertaken in isolation of each other. The College does not presently have a document identifying its overarching strategy with respect to the monitoring and evaluation of the training program and graduate outcomes.

A document describing the following points is required and would encourage a more coherent approach to monitoring and evaluation:

- what items the College will monitor

- why it will monitor those items

- how the items link to the College's strategic objectives

- the standards against which those items will be evaluated

- who will be responsible for monitoring and evaluation activities, and for provision of feedback.

An overarching framework or strategy document would also provide the College with insights as to gaps or duplication in its monitoring and evaluation processes.

The College offers multiple channels through which candidates may contact the College to provide feedback on the training program. There was evidence of responsiveness, for example, the changes made to the research project in response to candidate concerns about relevance to workplace requirements. The feedback channels offered to candidates are, however, all internal, and do not easily facilitate the provision of confidential feedback. Given the small size of the College, an external feedback mechanism warrants consideration.

There are informal and formal routes for supervisors to provide feedback, including an annual survey.

6.2   Evaluation

The accreditation standards are:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.

- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.

- Stakeholders contribute to evaluation of program and graduate outcomes.

6.2.1 Team findings

The College evaluates whether the specialist program meets community needs through its biannual workforce survey, which in 2015 had a response rate of 60 per cent. This occurs in parallel with the College's participation in the National Medical Training Advisory Network data collation process, and to some degree, appears to benchmark itself against other Colleges participating in that process.

The College should continue to explore methods for evaluation of graduate outcomes. As part of the College's workforce planning activities, the College should consider undertaking formal surveys of new fellows, and internal and external stakeholders, regarding graduate outcomes and the fitness of purpose of the training program. This may be particularly useful to gain feedback from candidates who go on to work in areas of need.

While the feedback has been positive, at the time of review, the transition has just begun and there was no comprehensive evaluation plan to measure the new integrated learning model is achieving the anticipated outcomes.

6.3 Feedback, reporting and action

The accreditation standards are:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.

- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).

- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

6.3.1 Team findings

The College provided a range of specific examples demonstrating its ability to identify risks and to act on feedback. These included the changes made to the research component in response to monitoring and evaluation feedback from candidates about lack of relevance to workplace requirements.

Some candidates interviewed by the team noted that, while they had the opportunity to provide feedback to the College and were confident that the College was listening, it was not always clear whether feedback was being acted on. Accordingly, the College should review the way it communicates updates on feedback received.

Commendations

N   The multiple channels by which candidates may provide feedback on the training program, including the establishment of informal, open forums at which candidates are invited to provide feedback to College office holders. (Standard 6.1)

O   The College's responsiveness to feedback provided on the training program. (Standards 6.1 and 6.3)

Conditions to satisfy accreditation standards

12   Implement an overarching framework to ensure that the monitoring and evaluation processes and activity are coherent and effective. (Standards 6.1 and 6.2)

13   Develop a mechanism for candidates to provide feedback in a confidential manner. (Standard 6.1)

14   Evaluate whether the new integrated learning model is achieving the intended outcomes. (Standard 6.2)

Recommendations for improvement

NN   Institute a process for regular, formal surveys of new fellows, and internal and external stakeholders, to obtain greater insight into graduate outcomes and to monitor whether the training program continues to be fit for purpose. (Standard 6.2)

OO   Improve the mechanism for communicating with candidates about how the College considers and acts on their feedback. (Standard 6.3)

B.7 Issues relating to trainees

7.1 Admission policy and selection

The accreditation standards are:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.

- The processes for selection into the specialist medical program:

  o use the published criteria and weightings (if relevant) based on the education provider's selection principles

  o are evaluated with respect to validity, reliability and feasibility

  o are transparent, rigorous and fair

  o are capable of standing up to external scrutiny

  o include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.

- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.

- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.

- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 *Team findings*

The College has clear and documented selection policies and principles for entry into the training program; these are different for the three pathways (Standard Pathway, the Clinical Specialist Pathway and the Medical Executive Pathway) through RACMA training, and all are transparent and fair. The policies and principles support merit-based selection which are outlined on the College website.

The processes for selection into the training program are described in the Processing Applications for Candidacy policy and further selection criteria are clearly documented with regard to the each of the three pathways.

Transparency and fairness in the recruitment process of registrars involves scrutiny by the Jurisdictional Coordinators of Training (JCTs); more broadly the recruitment processes are dependent on individual health services medical workforce employment. Existing accredited positions for junior medical staff are filled by the hospital recruitment with relatively little influence by the College.

The Clinical Specialist and Medical Executive Pathways are more self-selecting, principally with candidates being in existing leadership roles and applying for accreditation of the post. These are processed on a case-by-case basis by the College.

JCTs are involved in the process of formal review of decisions in relation to selection and there is a process for formal review of decisions in relation to selection in the public and private sector, which is outlined to candidates prior to selection process.

It is acknowledged that the College has recently recruited a doctor of Indigenous background in the Queensland jurisdiction, however the increased recruitment and selection of Aboriginal and

Torres Strait Islanders and Māori candidates needs further support by the College, in the form of a formal recruitment and support plan. Collaboration with other colleges on approaches would be beneficial, given this is a shared area of concern.

Mandatory requirements for the training program are published and available to candidates. There are not currently any compulsory requirements for defined periods of rural training, or obligatory time in both public and private sectors.

Monitoring of the consistent application of selection policies across training sites and/or regions seems to be largely dependent on the JCTs. Central co-ordination may increase the opportunity for shared learning, particularly in relation to strategies to increase participation of Aboriginal and Torres Strait Islander and Māori doctors.

7.2   Trainee participation in education provider governance

The accreditation standards are:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.2.1   Team findings

The Candidate Advisory Committee (CAC) supports candidates throughout Australia and New Zealand regardless of jurisdiction and provides candidates with a voice in the College and direct lines of communication. The CAC has clearly evolved over the past few years and it is important for the College to continue to provide it support so that the candidates' collective voice may be heard.

There has been significant improvement in the relationship between the candidates and the College, largely through the CAC and College efforts with regard to clinical governance of training in the last two years. New initiatives include voting candidate members of the Board, Education and Training Committee, and the Rural Advisory Group.

Candidates view the recent change in the annual conference, which permits discussions with the Chair of ETC and the Chief Executive, to be a turning point for the College, and that relationships have greatly improved since then.

In the last 12 months, candidates reported that they are being listened to by the College, and that the relationships have strengthened.

While acknowledging this significant progress and strong engagement, the team noted that the CAC did not have the administrative support needed to work effectively and this contrasted with the support for other standing committees. For example resources for committee meeting minutes to be taken and distributed. The team also noted that the CAC did not have a mixture of experience representing the three pathways or succession planning to ensure continuity. Under Standard 1, the team has recommended professional development to support candidates who hold governance roles. This would further support the effectiveness of the CAC.

7.3   Communication with trainees

The accreditation standards are:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.

- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3.1   Team findings

The College has mechanisms to inform candidates regarding decision-making structures, through the website and the Candidate Advisory Committee.

The College website has a multitude of documents about the training program, costs, and requirements. The team noted that the College website is currently under development, to be released shortly following the AMC team's visit and appears to be being updated to include more current and user-friendly online forums. The College should regularly update and review the website as planned. The College should also review 'Candidates' Corner', not currently used by many of the candidates, to improve it use on a more appropriate platform and update the 'College Meetings' section which only currently contains two documents.

As noted under Standards 3.4 and 5.1 the MyRACMA online platform will assist in streamlining communication on training status and candidates' progress.

7.4   Trainee wellbeing

The accreditation standards are:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.1   Team findings

Overall the candidates reported feeling well supported by the College.

The nature of medical administration results in a degree of isolation for candidates, as they will often be the only FRACMA candidate training in their workplace. This makes support of candidates more difficult, but also means that ensuring appropriate care of candidates' wellbeing is paramount.

The College promotes strategies to enable a supportive learning environment and attempts to facilitate adult learning despite the challenges of various jurisdictions.

There are multiple avenues to report candidate issues, including through the preceptor, supervisor, JCT and the Candidate Advisory Committee. The College also publishes information on the candidate support services available, with emphasis on the provision of the Employee Assistance Program (EAP). With regard to the EAP, the team recommends that the College use a survey or other confidential mechanism to gain feedback on whether the low number of reported candidates in difficulty relates to low levels of distress under-reporting.

In 2015, the College conducted a survey to understand bullying, discrimination and sexual harassment in the lives of its fellows and candidates. The outcome of this was that the majority of respondents cited incidents of discrimination in their workplaces. The College established the Discrimination, Harassment, Bullying and Victimisation policy in 2016, with a training webinar, to set out the College expectations of acceptable standards of conduct, the College responsibilities and the handling and consequences of breaches of the policy.

A system of regular review and management of any incidents of discrimination, bullying, harassment and victimisation, is required to evaluate the effectiveness of the policy. This may involve repeating the 2015 survey (or undertaking a similar audit).

Many colleges and health services are developing policies that describe how they are proactively promoting trainee welfare; the College may wish to consider this approach for its activities. Collaboration may assist in an aligned and more comprehensive policy outcome.

7.5 Resolution of training problems and disputes

The accreditation standards are:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.

- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

7.5.1 Team findings

The College has documented processes for responding to training problems and disputes. As per the Regulation for Supervised Practice, the Candidates can approach either their supervisor or their preceptor (and if the problem was involving either supervisor or preceptor then the discussion would be had with the other). The escalation process is to the Dean. This has been effective in the past; there were examples of candidates being provided with a new preceptor or supervisor and the issue being resolved.

As noted under Standard 6.1, feedback mechanisms are internal. While reporting a positive experience to date, candidates flagged potential challenges in escalating concerns about supervision given supervisors are also generally the candidate's employer. The College may wish to review how it communicates its approach to resolving disputes to reassure candidates that the processes are safe.

Commendations

P   The clear, documented selection policies and principles for the three pathways to fellowship. (Standard 7.1)

Q   The significant improvements in the relationship and communications between the RACMA Board and the candidates, largely through the Candidate Advisory Committee. (Standard 7.2)

R   The development of the policy, Discrimination, Harassment, Bullying and Victimisation, with a position statement by the President and a training webinar for candidates, as a result of the findings of the Colleges' survey on bullying, discrimination and sexual harassment. (Standard 7.4)

Conditions to satisfy accreditation standards

Condition 8 (Standard 7.3) applies.

15   Implement a plan to increase recruitment and support of Aboriginal and Torres Strait Islander and Māori candidates. (Standard 7.1)

16   In relation to the Candidate Advisory Committee (CAC):

   (i)   Ensure the CAC has the administrative support necessary to work effectively and in a way that demonstrates commitment to candidate engagement, commensurate with other standing committees. (Standard 7.2)

   (ii)   Ensure the CAC (or other mechanism) effectively supports candidate representation across the three pathways and provides for succession planning / continuity. (Standard 7.2)

17	Establish a system for regular review and management of any incidents of discrimination, bullying, harassment and victimisation of candidate, and evaluate the implementation of the related policy. (Standard 7.4)

Recommendations for improvement

PP	Co-ordinate the review of selection processes and share learning across jurisdictions. (Standard 7.1)
QQ	Survey or otherwise gain confidential feedback on whether the low-level use of the Employee Assistance Program related to low levels of distress or under-reporting/reluctance to engage. (Standard 7.4)
RR	Develop a policy or position statement describing how the College promotes candidate welfare. (Standard 7.4)

B.8 Delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

The accreditation standards are:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.

- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.

- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.

- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 Team findings

The College has in place a comprehensive and functional system for the supervision of candidates that includes supervisors, preceptors, (co-supervisors and executive coaches), Jurisdictional Coordinators of Training (JCT), other stakeholders and senior members of the College Office.

The team found enthusiastic and committed people supporting candidates in the various supervisory roles, in particular the team was impressed with the JCTs as a network of hardworking fellows who exhibit these qualities. Most fellows met by the team were active in a number of roles.

The College uses annual surveys for evaluation of supervisors and these surveys include feedback from candidates.

Candidates are appreciative of these people and the support they receive and noted that they felt that they could get help to resolve issues if any arose. Candidates greatly value the mentoring role of the preceptor. The supervisor is generally also the candidate's line-manager and therefore the preceptor provides a separate avenue of support.

The College clearly describes the key responsibilities and expectations of supervisors including position description, the process of recruitment, and opportunities for training and professional development. It is obvious that a lot of work has been done on the Supervisor's Kit which clearly articulates the roles and responsibilities of supervisors.

New training workshops for supervisors in respect of this have been trialled and received with enthusiasm. The College also advised that supervisor training will eventually become mandatory in the next two years. This will need to be evaluated to ensure the training has been effective.

The JCT role is central to candidate support and assists candidates with problems regarding progression. As noted earlier, in view of the increasing number of candidates and increased emphasis on formative assessment, the College must review the workload of the JCT and ensure appropriate support.

The team found that the Censors were highly trained and the roll out of new marking rubrics had been supported. The College will need to ensure that there is an ongoing process for training of supervisors, preceptors, JCT and censors on the use of these rubrics that responds to feedback on evaluation of their implementation.

8.2 Training sites and posts

The accreditation standards are:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
  - o applies its published accreditation criteria when assessing, accrediting and monitoring training sites
  - o makes publicly available the accreditation criteria and the accreditation procedures
  - o is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
  - o promote the health, welfare and interests of trainees
  - o ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
  - o support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
  - o ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.
- MCNZ Additional Criteria: The education provider is required to inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.

8.2.1 Team findings

The College has clear, detailed and well-developed documentation articulating the requirements and processes relating to training post accreditation, including for re-assessment of posts and for when/if accreditation of posts needs to be withdrawn. The regulation, Accreditation of Training Posts, and the Accreditation of Training Post Form, are available on the College website.

The regulation includes the requirement for training posts to have systems to support the health and wellbeing of candidates and to ensure that training sites have the requisite structural, technological and human resources to support training.

Candidates with whom the team met were well integrated into health systems where Indigenous communities/workers are a standard part of the service. The Accreditation of Training Posts regulation does not however include the requirement that training posts demonstrate a commitment to cultural competence or safety, in particular for Aboriginal and Torres Strait

Islander peoples and/or Māori. While the College is working towards training content on cultural safety, there is an opportunity for the accreditation requirements for posts to reinforce the importance of supervisors participating in training on cultural competence and safety as part of their educational role.

The College has recently engaged in innovative collaborative work with other colleges on its post accreditation processes. For example, it is working with the Australian College of Rural and Remote Medicine and the rural generalist pathway to (pre)accredit posts that will offer candidates more opportunities in respect of regional and rural placements. There has also been development in accrediting specialised training posts that offer candidates opportunities to experience the breadth of the discipline e.g. emergency medicine and surgery.

Commendations

S   The comprehensive and functional system for the supervision of candidates that includes supervisors, preceptors, (co-supervisors and executive coaches), Jurisdictional Coordinators of Training, other stakeholders and senior members of the College Office. (Standard 8.1)

T   The Jurisdictional Coordinators of Training who are a network of enthusiastic, committed and hardworking supporters of candidates. (Standard 8.1)

U   The College's clear and detailed documentation articulating the requirements and processes relating to training post accreditation. (Standard 8.2)

V   The collaborative work with other colleges to expand the training settings, particularly to offer remote and regional experiences. (Standard 8.2)

Conditions to satisfy accreditation standards

Condition 3 (standard 8.1) applies.

18   Evaluate the new Supervisor's Kit and the uptake of and satisfaction with supervisor training. (Standard 8.1)

19   After evaluating the revised marking rubrics for formative assessments (see condition 9), provide training for supervisors, preceptors, Jurisdictional Coordinators of Training and censors on the use of these marking rubrics. (Standards 8.1)

Recommendations for improvement

SS   Include the requirement in the standards for future accreditation of training posts that the site and supervisor/s demonstrate a commitment to cultural competence and safety, in particular for Aboriginal and Torres Strait Islander peoples and/or Māori. (Standard 8.2)

B.9 Continuing professional development

9.1 Continuing professional development program

The accreditation standards are:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).

- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.

- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.

- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.

- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).

- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.

- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

9.1.1 Team findings

The College has developed a simple, fit for purpose and sustainable Continuing Professional Development (CPD) model which is underpinned by a strong policy framework and implementation guidelines. The website is the primary vehicle for publishing requirements for the CPD program.

There is a process of regular renewal of the CPD program, and the team commends the College for the most recent evaluation of the program undertaken in 2017 through a round table workshop and an online member survey. The College has shown strong leadership and management of its CPD program, demonstrating ongoing quality improvement of both content and processes.

The team notes the work of the Continuing Education Program Committee (CEPC) to develop tools and activities to assist fellows in their requirements regarding audit and peer review. Recent modifications have also been made to standardise the CPD policy and framework to better align with the requirements of the Medical Council of New Zealand (MCNZ). There are also workplans that articulate the CPD program within the context of the Medical Board of Australia's Professional Performance Framework in 2019.

The team notes that the CPD framework and suggested activities provide participants with the scope to select activities based on their individual needs. The team encourages ongoing development of a CPD matrix that could include the MCNZ six domains of competence.

The Continuing Professional Development Standard policy and the RACMA Continuing Professional Development 2017-2018 Handbook define the required activities for fellows and associate fellows. Acknowledging the large percentage of dual fellows in the College and the potential for both burden and double reporting of CPD activities, the College has processes and guidance for members to minimise these effects. The team observed a high satisfaction rate with the CPD program amongst the fellowship and associate fellowship, noting that the requirements are perceived as clear and attainable especially when done in addition to other college CPD programs. The College has recently moved to annualised reporting resulting in the issuing of a certificate of currency. Feedback from fellows strongly supported this change.

The CPD framework enables participants the scope to select some activities based on their individual needs.

The College provides face-to-face events including workshops, conferences and meetings, however the team encourages the College to ensure fellows have access to a wide range of CPD activities that extend beyond College events and meetings.

The Continuing Education Program Committee (CEPC) that reports to the Education and Training Committee is primarily responsible for the oversight of the CEP. This Committee develops policies, procedures and processes for the program including oversight of content.

In addition, the Learning and Teaching Management Centre Committee (also referred to as the Learning and Teaching Advisory Committee and the Learning and Teaching Centre Reference Group) was established by the College Board in 2015 to set strategic priorities for the learning and teaching centre and to ensure the key educational objectives for CPD are met. This committee, which includes the Chair of CEPC, has developed priorities for face-to-face professional development forums and has oversight of the Leadership for Clinicians educational program.

The College is commended for the establishment of strong fellow networks and meetings in some jurisdictions (e.g. forums for Directors of Medical Services) to assist in their professional development. The team noted the work undertaken to make these forums available to candidates. However, given the size of the College, there is a particular issue of isolation for both candidates and fellows. The team encourages the College to further develop CPD activities that can bring candidates and fellows together. This is of particular relevance to the requirement for completion of a Professional Development Plan and the College should ensure fellows have access to support for these and other requirements, especially fellows who are geographically isolated.

The team commends the College on its relatively recent development of the MyRACMA online platform for recording CPD activities and monitoring compliance. The website and CANVAS (the Learning Management System) provide access to a wide range of CPD educational forums including webinars and instruments for audit and peer review. The team noted strong positive feedback from fellows about the functionality, including ease of recording CPD activities and the translation into required points. The electronic CPD platform allows the College to readily audit participation and that continued non-compliance is referred to the CEPC Chair and then to the Board. The team notes the intent to further develop its functionality with use of applications on hand held devices.

The team also noted the significant work undertaken by the Continuing Education Program Coordinator, the CEPC and its chair regarding the auditing of 10-15% of the content of fellows' CPD activities, and following-up on fellows who are underperforming.

Additional MCNZ criteria

The team commends the College for making recent changes to align the College's standards and program including annualised reporting and the inclusion of program standards for medical audit and peer review to reflect, and thus meet, the MCNZ recertification requirements.

The team notes the efforts to develop and promote greater audit and peer review opportunities for both Australian and New Zealand fellows and encourages the College to continue to work with MCNZ to provide more opportunities for fellows to undertake regular practice review.

Evidence of participation in cultural competency and Indigenous health training became available as an option for all fellows from 2012 and particular learning resources are available.

9.2 Further training of individual specialists

The accreditation standard is:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

9.2.1 Team findings

The College has a well-articulated policy framework, Performance/Competency and Retraining, to support requests for further training within the specialty, especially related to re-entry into the workforce. Such requests have been infrequent to date, and only one fellow has undertaken remediation and/or retraining.

9.3 Remediation

The accreditation standard is:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

9.3.1 Team findings

The College's policy, Performance/Competency and Retraining and the terms of reference of the Continuing Education Program Committee, clearly outline the processes available to identify fellows requiring remediation.

On identification of fellows requiring remediation, the College has a wide range of tools to support remediation including and the appointment of an executive coach and provision of guidance on additional CPD activities and documentation. Failure in remediation may result in removal of College membership.

These processes are adequately communicated to fellows. However, the processes of reporting and referring fellows' performance/competence concerns to the MCNZ need to be explicit in its policies and standards.

Commendations

W   The simple, fit for purpose and sustainable CPD program for Australian and New Zealand fellows underpinned by a strong policy framework and implementation guidelines which meet the requirements of the Medical Board of Australia and the Medical Council of New Zealand. (Standard 9.1)

X   The development of the new MyRACMA online CPD platform which has received strong positive feedback from fellows. (Standard 9.1)

Y   The College's strong leadership and management of its CPD program that ensures ongoing quality improvement of both content and processes. (Standard 9.1)

Z   The establishment of strong fellow networks and meetings in some jurisdictions (e.g. forums for Directors of Medical Services) to assist in their professional development. (Standard 9.1)

Conditions to satisfy accreditation standards

20   Make the processes for reporting and referring performance/competence concerns and recertification program compliance for New Zealand fellows to the Medical Council of New Zealand explicit in the Continuing Professional Development Standard, associated policies and the RACMA Continuing Professional Development Handbook. (Standard 9.3)

Recommendations for improvement

TT   Work with the Medical Council of New Zealand to provide more opportunities for fellows to undertake regular practice review. (Standard 9.1)

UU   Complete development of a CPD matrix that could include the Medical Council of New Zealand six domains of competence. (Standard 9.1)

VV   Develop CPD activities that bring fellows (and candidates) together. (Standard 9.1)

B.10 Assessment of specialist international medical graduates

10.1 Assessment framework

The accreditation standards are:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.

- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.

- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

- Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

10.1.1 Team findings

The team found that the College has processes that meet the requirements of the Medical Board of Australia (MBA)/Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Council of New Zealand (MCNZ). The assessment framework is clear, transparent and easily accessible on the College website.

Since 2014 the College has received 10 applications from international medical graduates for assessment of comparability as an Australian-trained specialist medical administrator for specialist medical registration. There have been no further applications since 2016, and no applications in New Zealand.

In 2017, the Medical Board of Australia commissioned Deloitte Access Economics to undertake an independent review of whether colleges are meeting benchmarks set by the Medical Board for timeframes for completion of assessments. The report is publicly available on the Medical Board website. The College's international medical graduate assessment processes are in keeping with the recommendations of the recent Deloitte report. The College was assessed as partially meeting the *Good Practice Guidelines* and performed relatively well in comparison with other specialist medical colleges. The College has prepared an action plan detailing how it will fully address the final recommendations of this report and has already made progress.

10.2 Assessment methods

The accreditation standards are:

- The methods of assessment of specialist international medical graduates are fit for purpose.

- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

10.2.1 Team findings

The College uses methods that mirror its well-established Recognition of Prior Learning (RPL) process. The RPL process is well-proven as many Australasian candidates apply for RPL in medical administration to access the College's accelerated training pathways.

The College makes clear that its process for assessment of specialist international medical graduates evaluates applicants' training, qualifications and experience for comparability with an Australian-/New Zealand-trained medical administrator. The team found the College's assessment methods to be fit for purpose and consistent with meeting the AMC standard.

10.3 Assessment decision

The accreditation standards are:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.

- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.

- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

10.3.1 Team findings

The team found that the College has a documented process for making and communicating the decision of the RACMA SIMG Panel in a timely manner. After an assessment interview, the panel decides whether the International applicant's training and experience is either 1) Substantially comparable, 2) Partially comparable or 3) Not comparable, to that of an Australian-trained medical administrator.

There are clear pathways for each of the three decisions. If substantially comparable, the applicant is required to commit to peer supervision and support from a College fellow for 12 months before eligibility for fellowship will be granted. If partially comparable, the applicant enrols as a candidate with any relevant exemptions, for example, research assignments. If not comparable, the applicant will be required to complete the full training program (if eligible to enter).

Of the 10 applicants, four were assessed as not comparable, four as partially comparable and two as substantially comparable. Of these, two have since gone on to complete their supervision and other requirements and have become fellows of RACMA.

The College has not received any applications for recognition in New Zealand so the implementation of these processes could not be assessed however reassurance was taken from interviews that verified understanding of the published requirements.

10.4 Communication with specialist international medical graduate applicants

The accreditation standards are:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.

- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

10.4.1 Team findings

The College website includes links to all specialist international medical graduate assessment documentation including the Application for Assessment of Comparability in the Specialty of Medical Administration, the College's assessment fee structure and the 2017 RACMA Workforce Report. Communication with applicants appeared appropriate though, as noted, no applications have been received in the last two years.

Commendations

ZA   The clear, transparent and easily accessible specialist international medical graduate assessment process, details of which are available on the RACMA website and provides links to all assessment documentation, including the 2017 RACMA Workforce Report. (Standards 10.1 and 10.2)

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

Nil

Appendix One   Membership of the 2018 AMC Assessment Team

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Associate Professor Michael Franco (Deputy Chair), MBBS (Melb), FRACP, FAChPM.
Staff Specialist, Medical Oncology and Palliative Medicine, Monash Health. Chair, Accreditation Committee, Postgraduate Medical Council of Victoria.

Professor Allan Cripps AO, PhD BSci (Hons) FASM FAIMS FIBMS, FAHMS, AFACHSM.
Professor, School of Medicine, Griffith University. Member, AMC Specialist Education Accreditation Committee.

Dr Kate Gazzard, MBBS, DCH.
Paediatric Trainee, Registrar, Royal Children's Hospital, University Hospital (Geelong) and Monash Children's Hospital. Deputy Chair, Postgraduate Medical Council of Victoria (PMCV) Accreditation Subcommittee. Accreditation Officer, PMCV JMO Executive Committee.

Professor Papaarangi Reid, DipComH, BSc, MBChB, DipObst, FNZCPHM.
Head of Department of Māori Health, Faculty of Medical and Health Sciences, University of Auckland. Member, AMC Medical School Accreditation Committee and Indigenous Strategy Group.

Professor Judy Searle, BMBS (Flin), GDPH MD Adel, GCTE (Flin), PCM (Open Uni, UK), FRANZCOG, GAICD.
Non-Executive Board Member, Gold Coast Hospital and Health Service. Former CEO, Medical Deans of Australia and New Zealand.

Ms Catherine Whitby, MSc Law and Accounting, LLB (Hons), BA (Journalism).
Councillor, Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Ms Jane Porter
Manager, Specialist Training and Program Assessment, Australian Medical Council.

Appendix Two **List of Submissions on the Programs of Royal Australasian College of Medical Administrators**

ACT Health

Australian and New Zealand College of Anaesthetists

Department of Health Queensland

Health and Disability Commissioner New Zealand

Health Quality & Safety Commission New Zealand

Ministry of Health New Zealand

Northern Territory Medical Education and Training Centre

Office of the Health Ombudsman

SA Health and Wellbeing

South Australian Medical Education and Training

The Australian Indigenous Doctors' Association

The Royal Australasian College of Physicians

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

The Royal Australian and New Zealand College of Psychiatrists

Western Australia Health

Appendix Three   Summary of the 2018 AMC Team's Accreditation Program

Location	Meeting
TOOWOOMBA, QUEENSLAND	
Friday, 5 October 2018 – Professor Allan Cripps AO, Professor Judy Searle	
Toowoomba Hospital	Senior Hospital Staff
	Candidates
	Supervisors
	Local AFRACMAs
PERTH, WESTERN AUSTRALIA	
Monday, 8 October 2018 – Professor Ian Civil CNZM, Ms Jane Porter (AMC Staff)	
WA Health Department	Director General
Royal Perth Hospital	Senior Hospital Staff
	Candidates
	Supervisors and Preceptors
	State Jurisdictional Committee
	Chair Training Progress Committee
AUCKLAND, NEW ZEALAND	
Wednesday, 10 October 2018 – Professor Papaarangi Reid and Ms Elmarie Stander (MCNZ Staff)	
Middlemore Hospital	Senior Hospital Staff
	Jurisdictional Co-coordinators of Training
	Ministry of Health New Zealand
	Candidates and New Fellows
	Executive Coach
	Supervisors and Preceptors
	New Zealand Jurisdictional Committee
BRISBANE, QUEENSLAND	
Thursday, 11 October 2018 – Professor Allan Cripps AO, Professor Judy Searle, Ms Katie Khan (AMC Staff), Mr Stewart Chinn (AMC Staff – Observer)	
Princess Alexandra Hospital	Senior Hospital Staff
	Queensland Health and Regional Office Staff
	Supervisors and Preceptors
	Jurisdictional Coordinator of Training
Royal Brisbane and Women's Hospital	Candidates and New Fellows
	Chair, College Candidate Advisory Committee
	Censors

	State Jurisdictional Committee
SYDNEY, NEW SOUTH WALES	
Friday, 12 October 2018 – Associate Professor Michael Franco, Professor Judy Searle, Ms Katie Khan (AMC Staff), Mr Stewart Chinn (AMC Staff – Observer)	
Royal North Shore Hospital	Senior Hospital Staff
	Candidates and New Fellows
	Supervisors and Preceptors
	Censors
Ministry of Health	State Jurisdictional Committee
	Health Education and Training Institute (HETI)
MELBOURNE, VICTORIA	
Monday, 15 October 2018 – Professor Allan Cripps AO, Professor Papaarangi Reid, Ms Katie Khan (AMC Staff), Mr Stewart Chinn (AMC Staff – Observer)	
Monash Medical Centre	Senior Hospital Staff
	Candidates and New Fellows
	Supervisors and Preceptors
	State Jurisdictional Committee
	VIC Chair Candidate Committee Representative
Monday, 15 October 2018 – Ms Catherine Whitby, Associate Professor Michael Franco and Dr Kate Gazzard	
Cabrini Health	Senior Hospital Staff
	Candidates and New Fellows
	Supervisors and Preceptors
	Censors
Monday, 15 October 2018 – Professor Ian Civil CNZM, Professor Judy Searle, Ms Jane Porter (AMC Staff)	
Pullman Hotel Teleconferences	Candidates in SA, TAS, ACT and NT
	Supervisors and Preceptors in SA, TAS, ACT and NT
	New Fellows
	SA, TAS, QLD and NT State Health Departments

Team meetings with Royal Australasian College of Medical Administrators' Committees and Staff

Monday 15 October – Thursday 18 October 2018

Professor Ian Civil CNZM (Chair), Associate Professor Michael Franco (Deputy Chair), Professor Allan Cripps AO, Dr Kate Gazzard, Professor Papaarangi Reid, Professor Judy Searle, Ms Catherine Whitby, Ms Jane Porter (AMC Staff), Ms Katie Khan (AMC Staff), Mr Stewart Chinn (AMC Staff – Observer).

Meeting	Attendees
Tuesday, 16 October 2018	
Briefing with RACMA CEO, President & Dean	President Chief Executive Dean Chair, Education and Training Committee
Standards 1 and 2 – Governance & Outcomes	President Chief Executive, Board Secretary Dean Censor-in-Chief Chair, Education and Training Committee Chair, Continuing Education Program Committee and Continuing Professional Development Coordinator Chair, Jurisdictional Committee NZ Candidate Director Fellow Board Director Fellow
Standards 1, 2, 3, 7, 8 – Australian and New Zealand Indigenous health issues commitments	President Deputy President Chief Executive Dean Censor-in-Chief Chair, Education and Training Committee Chair, Finance and Audit Chair, Continued Education Chair, Jurisdictional Committee NZ Chair, Candidate Advisory Committee Module tutor, cultural competence & training, indigenous health issues Candidate Director Fellows
Standard 3 and 4 – Curriculum & Teaching and Learning *Education and Training Committee, Curriculum Steering Committee*	Dean Censor-in-Chief Chair, Continuing Education Program Committee and Continuing Professional Development Coordinator Chair, Candidate Advisory Committee

Meeting	Attendees
	Chair, Education and Training Committee Chair, Curriculum Steering Committee Chair, Rural and Remote Training Issues Manager, Education and Training Program Lead Fellow Personal & Professional Leadership Development Lead Fellow Research Training
Standard 7 – Trainees *Candidates*	Chair, Candidate Advisory Committee Candidate Director Candidates
Standard 6 – Monitoring & Evaluation *Education and Training* *Curriculum Steering* *Summative Assessment*	President Chief Executive Dean Chair, Education and Training Committee Chair, Board of Censors Chair, Continuing Education Program Committee Chair, Curriculum Steering Committee Lead Fellow Personal and Professional Leadership Development Lead Fellow Research Training Manager, Education and Training Program
Standard 8.1 – Supervisory & Educational roles *Jurisdictional Coordinators of Training*	Chief Executive Dean Jurisdictional Co-ordinators of Training VIC Jurisdictional Co-ordinator of Training ACT/NSW Jurisdictional Co-ordinator of Training QLD/NT Jurisdictional Co-ordinator of Training NZ Chair, Education and Training Committee Chair, Jurisdictional Committee VIC Manager, Education and Training Program Manager, Training Operations
Teleconference – Specialist International Medical Graduates (SIMGs) from Australia and New Zealand	SIMGs
Standard 7 – Trainee issues *Responsibility for trainee processes*	Chief Executive Dean Chair, Education and Training Committee Chair, Board of Censors Manager, Education and Training Program

Wednesday, 17 October 2018	
Briefing with RACMA CEO, Chair ETC & Dean	Chief Executive Dean Chair, Education and Training Committee
Standard 5 – Assessment *Training Progress Committee, Board of Censors*	Censor-in-Chief Dean Lead Fellow Personal and Professional Leadership Development Chair, Education and Training Committee Lead Fellow Research Training Jurisdictional Co-ordinator of Training VIC Jurisdictional Co-ordinator of Training QLD Jurisdictional Co-ordinator of Training NSW
Standard 8.2 – Accreditation of Sites *Accreditation Review Committee*	Chief Executive Dean Jurisdictional Co-ordinator of Training VIC Manager, Training Operations
Standard 9 – Continuing Professional Development, further training and remediation *Continuing Education Program Committee*	Dean Chair, Continuing Education Program Committee and Chair, Continuing Professional Development Chair, Education and Training Committee Membership Manager
Standard 1 & 2 – Community Advisory Committee *Community Advisors on College committees*	Chief Executive Censor-in-Chief Chair, Education and Training Committee Community Advisor, Education and Training Committee
Standard 4 – Teaching and Learning demonstration *College education staff*	Dean Manager, Education and Training Program Membership Manager
Standard 1.5 – College education resources	Chief Executive Dean Manager, Education and Training Program Membership Manager Head, Learning and Teaching Centre
Standard 10 – Assessment of SIMGs *SIMG Committee*	Chair, Education and Training Committee Manager, Training Operations Chair, SIMG Committee
Thursday, 18 October 2018	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	President

	Deputy President
	Chief Executive
	Dean
	Censor-in-Chief
	Chair, Education and Training Committee
	Chair, Jurisdictional Committee NZ