APPLICATION FOR SPECIALIST TRAINEE ROTATION WITH RACMA

This form is to be completed by trainees of other specialist medical colleges seeking up-to 6 month rotation in medical administration with The Royal Australasian College of Medical Administrators (RACMA).

Trainees are encouraged to visit the RACMA website and the RACMA Handbook to gain some familiarity with the specialty of medical administration before commencing their rotation under the supervision of a Fellow of the Royal Australasian College of Medical Administrators.

Instructions

Complete all parts of this form and sign the declaration at the end of the form.

Submit the accompanying documentation with your application.

Return this form and all attachments to:

The Chief Executive
The Royal Australasian College of Medical Administrators
10/1 Milton Parade, Malvern, Vic 3144

Application processing time

The College undertakes to process applications within four weeks. Applicants will be informed about the progress of their applications.

Council will make a decision on the application on the recommendation of the Censor-in-Chief at the meeting following receipt of the application.
**Accompanying documentation**

Please attach the documentation listed below, completing the checklist to ensure that all items are included:

<table>
<thead>
<tr>
<th>Acccompanying documentation</th>
<th>Attached</th>
<th>Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photocopy of your current medical registration (Australian or New Zealand only accepted)</td>
<td></td>
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<tr>
<td>Photocopy of evidence of traineeship with another medical college.</td>
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<tr>
<td>A copy of your medical administration position description or a statement of the medical admin roles and responsibilities you intend to assume during your rotation.</td>
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<tr>
<td>A copy of your training facility’s organizational chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation of training post (Part D completed)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART A: PERSONAL DETAILS

Title: ..................................................................................................................................................

Surname: ...........................................................................................................................................

Given names: ....................................................................................................................................

Date of birth: .......................................................................................................................... Gender: male / female (please circle)

Home address: ....................................................................................................................................

Telephone: ................................................................................................................................. Fax: .................................................................................................

Email: ................................................................................................................................................

Work address: ....................................................................................................................................

..........................................................................................................................................................

Telephone: ................................................................................................................................. Fax: .................................................................................................

Email: ................................................................................................................................................

Address for correspondence: Work / Home (Circle Preferred)

Preferred email: Work / Home (Circle Preferred)

PART B: PROFESSIONAL DETAILS

Qualifying medical degree: .............................................................................................................

Title: ................................................................................................................................................

University: ........................................................................................................................................

Country: ...........................................................................................................................................

Year of graduation: .............................................................................................................................
PART C: YOUR MEDICAL COLLEGE DETAILS
Please note that RACMA may need to contact with your specialty medical college during your rotation.

Name of the medical college with which you are a trainee: ............................................................................................................

Who should RACMA contact at your College if need be? ...........................................................................................................

Name: ......................................................................................................................................................................................

Address: ...................................................................................................................................................................................

Telephone: .................................................................................................................. Mobile: ............................................................

Email: ......................................................................................................................................................................................

PART D: ACCREDITATION OF TRAINING POST

The information in this section will be used to assess whether your training organisation is adequately equipped to support your rotation in medical administration.

The information in this section can also be used to help you develop a training plan if you choose to use the attached RACMA Training Plan to guide your training experience.

1. Information about the Training Organisation

Name of training organisation ..............................................................................................................................................................

Postal address: ................................................................................................................................................................................

Telephone: .................................................................................................................. Fax: .................................................................

Email: ......................................................................................................................................................................................

In which sector does the organisation belong?

☐ Public

☐ Private – for profit / not for profit

Comment: ...................................................................................................................................................................................

......................................................................................................................................................................................

Is your training organisation involved in direct patient care? Yes / No
If YES, how would the organisation be classified?

- [ ] Public tertiary teaching hospital
- [ ] Other Public Hospital
- [ ] Private Hospital (incl. not-for-profit)
- [ ] Private Practice
- [ ] Community (public)
- [ ] Community (private incl. not-for-profit)
- [ ] Day surgery facility Non Clinical setting
- [ ] Aboriginal health Service
- [ ] Remote

If YES, is the organisation registered with an appropriate health authority?  Yes / No

Does the organisation have quality accreditation with ACHS?  Yes / No

If NO, with which other body is it accredited?

........................................................................................................................................................................

If the training organisation is not involved in direct patient care, what is the role of the organisation?

........................................................................................................................................................................

........................................................................................................................................................................

2. Training Position Description

The title of the training position is: .................................................................

........................................................................................................................................................................

Is the training position full time in medical administration?  Yes / No

If NO, what percentage is medical management? .................................................................

........................................................................................................................................................................

What activity is the non-medical management component devoted to?

........................................................................................................................................................................

........................................................................................................................................................................

Is there an established medical management structure headed by a medical director?  Yes / No

Please attach a current organisation chart for your position.
3. Supervision

Is there appropriate and sufficient direct supervision for your position? Yes / No

What is your supervisor’s name and position title: ..............................................................
........................................................................................................................................
Supervisor’s telephone number: ........................................................................................
Supervisor’s email address: ............................................................................................... 
........................................................................................................................................

What are the approximate weekly hours of interaction between Candidate and Supervisor? ...........................................................................................................

Are the reporting relationships, accountability and delegation of authority for your position clearly stated, and are they appropriate? Yes / No

4. Technology Support

Is there suitable and accessible information technology support, including internet and email, for the position? Yes / No

Comment: ................................................................................................................................
........................................................................................................................................
........................................................................................................................................

5. Other Support

Are other facilities supporting your position adequate and appropriate, e.g. library, videoconferencing? Yes / No

Comment: ................................................................................................................................
........................................................................................................................................
........................................................................................................................................
PART E: TRAINING PLAN

Examples of workplace activities that will allow you to acquire some of the knowledge and skills acquired by RACMA trainees during the Fellowship Training Program are listed in Attachment 1. You can use this to help guide your learning experiences if you so wish.

PART F: ASSESSMENT

Your supervisor will complete a formal review of your performance at the end of the 6 months, indicating your progress against RACMA competencies listed in Attachment 1.

PART G: DECLARATION

I hereby apply for a .............. month trainee rotation with the Royal Australasian College of Medical Administrators. The information contained in the attachments is true and correct.

I will notify the College of any changes to my personal or professional details and undertake to pay all fees by the due date.

I acknowledge that I will be bound by the professional standards which apply to all trainees in the College and I agree to complete an evaluation of my rotation in medical administration.

Signature:  ..............................................................

Date:  .........................................................
<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Competency</th>
<th>Suggested Workplace Activities</th>
<th>Learning Opportunities Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert</td>
<td>Demonstrates intelligent leadership</td>
<td>Chair relevant organisational committees (e.g. medical advisory committee) and lead service business and quality planning processes Manage crises Manage a major change process</td>
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</tr>
</tbody>
</table>
| Medical Expert   | Demonstrates ability to engage and work with medical staff | Medical staff management is one of the key roles of a medical manager. All Candidates should, where possible, participate in:  
- SMS & JMS credentials committee & appointment processes  
- Performance management of a SMS/JMS  
- Education and training of medical staff especially JMS. |  |
| Medical Expert   | Devises and implements appropriate clinical governance systems | Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee  
Be involved in Coronial reports and/or investigations, FOIs, insurer notifications, medico-legal reports, subpoenas. Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee. Be involved in one or more of:  
- Clinical Risk Management training/activity  
- Review of a clinical incident  
- Quality improvement activity. |  |
| Medical Expert   | Manages health care provision for all patients/clients of a health system | Experiences in Operational activities such as:  
- Unit/Divisional operational committees  
- Service development  
- Service review  
- Planning activities – strategic, business, operational, quality.  
- Other committees, e.g. Infection Control, Medical Advisory, Blood Transfusion. |  |
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| Communicator      | Demonstrates ability to distil and convey complex information to diverse groups | Experiences in Operational activities such as:  
  - Unit/Divisional operational committees  
  - Service development  
  - Service review  
  - Planning activities – strategic, business, operational, quality  
  - Other committees, e.g. Infection Control, Medical Advisory, Blood Transfusion. | |
| Communicator      | Demonstrates an understanding of effective communication methodologies, pathways | Chair meetings, facilitate interaction between clinicians and managers.  
Formal communication with Minister/Head of Government Department  
Formal and informal communication with heads of Departments, senior clinicians, non clinical staff, community representatives. | |
| Communicator      | Communicates up, down and across the organisation and internally and externally | Medical staff management is one of the key roles of a medical manager.  
Where possible, participate in:  
  - SMS credentials committee  
  - SMS appointment processes  
  - JMS appointment processes  
  - IMG appointment processes  
  - Performance management of a SMS/JMS  
  - Education and training of medical staff especially JMS. | |
| Collaborator      | Demonstrates an ability to listen to all sides of an issue and move forward with action | Preparation of business case that involves multiple stakeholders.  
Planning of new service or facility. | |
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<td>Collaborator</td>
<td>Manages the interfaces in health systems</td>
<td>Development of political alliances to ensure success of initiatives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develops communication systems, for example to inform LMOs and community services about patient discharges.</td>
</tr>
<tr>
<td>Collaborator</td>
<td>Works constructively with patients/clients from different cultural backgrounds</td>
<td>Managing a complex complaint.</td>
</tr>
<tr>
<td>Manager</td>
<td>Demonstrates business contingency management</td>
<td>Where possible, the Candidate should have the opportunity to manage an individual or unit.</td>
</tr>
</tbody>
</table>
| Manager           | Demonstrate ability to ‘think on your feet’, analysing, determining options and acting within real world timelines | Managing a crisis.  
|                   |                                                                           | Managing a recurring problem.  
|                   |                                                                           | Dealing with a complex group of people.                                                          |
| Manager           | Demonstrates ability to manage disasters/crises                            | Managing a crisis, involvement in disaster management planning or critical incident management.    |
| Manager           | Manages the implementation of new processes and technologies in the health system | Preparation of a business case.  
<p>|                   |                                                                           | Participation in a New Technology Committee or introduction of a new technology process.         |</p>
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<td>Manager</td>
<td>Demonstrates ability to provide culturally appropriate health care to all patients/clients</td>
<td>Awareness of and/or participation in cultural committees and other processes that allow for cultural diversity to be recognised within the organisation. Provide for cultural needs of major groups in local community and develops models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve, decisions about service design.</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>Demonstrates a coordinated systems approach to all management tasks</td>
<td>Participation in a relevant project dealing with systems issues. Facilitation of a process improvement team and description of process and outcomes. Facilitation of accreditation processes and description of learning. Managing a work unit. Reviewing a monthly unit/divisional budget. Participation in a unit/divisional annual budget building process.</td>
<td></td>
</tr>
<tr>
<td>Health Advocate</td>
<td>Influences policy and practice to optimise health outcomes</td>
<td>Involvement in Policy and Procedure development. Preparing submissions, policy advice. Working with a media advisor on an issue.</td>
<td></td>
</tr>
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<td>Health Advocate</td>
<td>Provides advocacy for patients, populations, staff and organisations</td>
<td>Working with a media advisor on an issue. Presenting the case for alternative viewpoint. Recognising and where possible supporting the public advocacy role of clinicians in organisation. Acting as an advocate for medical staff where appropriate.</td>
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| Scholar          | Demonstrates a commitment to education and research to continuously improve knowledge and skills | Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and is current with relevant literature. Be involved in one or more of:  
  - Clinical Risk Management training/activity  
  - Review of a clinical incident.  
  - Undertake/lead a quality improvement activity. | |
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<th>Scholar</th>
<th>Demonstrates use of academic rigour in furthering knowledge</th>
<th>Use literature evidence, knowledge of current practice, and advice from local and international experts in everyday practices. Conduct investigations, research and publish articles in refereed journals. Present at conferences. Demonstration of principles of Evidence Based Medicine in Case Study/Management Practice Folio.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholar</td>
<td>Demonstrates ability to apply research skills to management tasks</td>
<td>Application of evidence based decision making.</td>
</tr>
<tr>
<td>Professional</td>
<td>Demonstrates behaviour that is always within the value systems of the college</td>
<td>Identify values and ethical issues and how these impact on work. Completion of Management Practice Folio</td>
</tr>
<tr>
<td>Professional</td>
<td>Demonstrates behaviour that shows use of self knowledge</td>
<td>Demonstrate reflective analysis in oral and written form. Modify behaviour following reflection. Encourage reflective interpretation in others. Completion of Management Practice Folio</td>
</tr>
<tr>
<td>Professional</td>
<td>Demonstrates ‘patient first’ behaviour</td>
<td>Implement strategies to Enhance patient care within the work environment. Use of patient feedback and community input in decision making.</td>
</tr>
<tr>
<td>Professional</td>
<td>Demonstrates awareness of ethical issues in managerial and clinical decision making</td>
<td>Reflection on non research ethical decision making using a real life Case Study. Completion of Management Practice Folio</td>
</tr>
</tbody>
</table>