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## **RACMA FELLOWSHIP TRAINING PROGRAM**

### **APPLICATION FOR CANDIDACY WITH RECOGNITION OF PRIOR LEARNING AND EXPERIENCE (RPLE)**

**Year of Commencing Candidacy: 2 0 1 9**

Suitably qualified doctors may apply for Candidacy in the RACMA Fellowship Training Program and train to become Fellows of the College.

The following pre-requisites of entry are required to be met:

- An undergraduate medical degree from a recognized Australian or New Zealand university, or equivalent
- Current general or specialist medical registration in Australia or New Zealand.
- Clinical (direct patient care) experience of at least three years full time equivalent in an Australasian health system, or one that is comparable.
- A suitable management position(s) (training post/s) that will provide Candidates with appropriate Supervised Workplace Experience and will allow Candidates to develop the relevant medical management competencies. Such positions/Training Posts will normally be in Australia or New Zealand and will require accreditation by the College.

Doctors with demonstrated experience in medical administration in Australia or New Zealand may seek Recognition of Prior Learning and Experience (RPLE) when applying for entry to the RACMA Fellowship Training Program.

Applicants will be considered by the College for eligibility to attend an RPLE Panel Interview where they will need to demonstrate relevant existing capabilities that will qualify them for entry to RACMA Candidacy and eligibility for an exemption in the duration of supervised practice in medical management practice. The RPLE Assessment Panel comprising of senior RACMA Fellows will determine the level of RPLE that will inform which Fellowship Training Program pathway the applicant will be eligible to enter.

Undertaking of the Panel Interview does not guarantee the award of RPLE and/or admission into the RACMA Fellowship Training Program. Application must be accompanied with the required supporting documentation, submissions of certificates, relevant forms and application fee.

The RPLE Panel will determine exemptions and credit for previously completed formal academic studies and/or other training that may be comparable with the College requirements.

The recommendation(s) made by the RPLE Assessment Panel is subject to approval by the College Board. Successful applicants will be invited to accept an offer to enter the Fellowship Training Program with the recommended award of RPLE.

Please see the [College website](#) for further information on applications for RPLE.

Prior to completing this form, applicants should familiarise themselves with the requirements for Fellowship as outlined in the [College Handbook](#). Applicants should also familiarise themselves with policies and regulations of the College that may apply to the applicant when undergoing training, including [RACMA's Discrimination, Harassment, Bullying and Victimisation Policy](#).

Candidates are required to pay annual and other fees associated with their training and membership. Please see the [College website](#) for a list of applicable fees.

**Note: Application fee and RPLE Panel Assessment fee are non-refundable.**

### **Application Process**

1. Entry to Fellowship Training Program will depend on an evaluation of prior experience and eligibility for Recognition of Prior Learning (RPLE). Determination of RPLE will be based on the assessment during an interview with senior College Fellows and evidence provided by applicants.
2. Upon submission of the evidence/ documentation in support of their case for application of RPLE, applicants selected for interview will be notified by the College Office **within 2 weeks** of their application.
3. A **non-refundable** RPLE Assessment Interview [Fee](#) must be paid prior to attending the interview. Applicants will not proceed to the scheduled interview unless this fee is paid. The Applicant must be available to attend the interview at the time and place advised by RACMA.
4. The RPLE Assessment Panel will make recommendation for the award of RPLE and provide feedback to the applicant at the end of the interview. Applicants will be advised of the outcome of their Application for RACMA Candidacy in the Fellowship Training Program and RPLE following the Board's approval of the recommendations made. Applicants will **not** be informed of the level of the RPLE award at the interview.
5. Successful applicants will be invited to accept a College offer to enter a modified Fellowship Training Program based on the approved award of RPLE.
6. Applicants for RPLE will need to submit as part of their application evidence to support requests for exemptions and/or credit they wish to seek in the area of Research and Health Services Science and for Masters' units to meet theoretical/academic requirements of the Fellowship Training Program.

## Instructions

1. Complete all parts of this application form and sign the declaration.
2. Attach all relevant documents, as specified in the checklist. Ensure evidence is submitted in line with the [Guidelines for Submitting Evidence](#) below.
3. Complete the Application for [Accreditation of Training Post](#) ((if applicable, see *Part F* below)
4. Confirm **3 Referees** have completed the online Applicant Assessment Questionnaire **by the due date** as specified on [RACMA website](#)
5. Return this form and all accompanying documentation to the details below, **by the due date** as specified on [RACMA website](#):  
By post: Candidate Applications  
The Royal Australasian College of Medical Administrators  
Unit1/20 Cato St,  
Hawthorn East, VIC 3123  
By email: [applications@racma.edu.au](mailto:applications@racma.edu.au)
6. Candidacy Application Fee must be sent with this documentation otherwise the College will not proceed with your application. Please refer to the website for [current fees](#).
7. RPLE Assessment Fee becomes payable once applicants are advised that they are eligible for an RPLE Assessment Interview. The fee must be paid prior to their RPLE Assessment Interview otherwise, the College will not proceed further with your application and interview. Please refer to the website for [current fees](#).

**Note: Candidacy Application Fee is non-refundable**

### Note:

- ❖ The College undertakes to acknowledge receipt of this form within 7 working days.
- ❖ Only documentation received by the due date will be submitted to the panel for consideration. Any documentation received after the closing date will not be accepted.
- ❖ Applicants may request for a reconsideration of the decisions made by College Officers and Staff or have these reviewed as per the College policy [Reconsideration, Review and Appeal of Decisions of the College Committees and Officers](#).

**SECTION I:**

**APPLICATION FOR CANDIDACY IN THE FELLOWSHIP TRAINING PROGRAM WITH RPLE**

*Part A: Personal Details*

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_

Date of birth      D   D   M   M   Y   Y   Y   Y

Home Address \_\_\_\_\_

Home email \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Are you of Aboriginal and/or Torres Strait Islander background?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Are you of Maori or Pacific Islander background?

- No
- Yes, Maori
- Yes, Pacific Islander

*Part B: Employment Details*

Current position title \_\_\_\_\_

Employer organisation \_\_\_\_\_

Work address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Work email \_\_\_\_\_

Direct Line Manager:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Is this position to be your training post?       Yes       No

Please provide further details of your training post in [Part F:](#)

➤ **Preferred communication method:**

Postal address for correspondence       Home       Work

Email address for correspondence       Home       Work

**Part C: Educational Qualification**

**I. Qualifying Medical Degree:**

➤ Please attach copy of your degree certificate

Title \_\_\_\_\_

University \_\_\_\_\_

Country \_\_\_\_\_ Year of Graduation Y Y Y Y

**II. Other Degrees or Diplomas (please provide details below)**

Yes  No

➤ Please attach copy of your certificate(s)

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**III. Fellowships:**

Are you already a member of RACMA?  No  Yes, Associate Fellow  Yes, Affiliate

Are you a member of another Medical College(s)?  Yes  No

If 'Yes', please provide details (College and year, membership type)

➤ Please attach copy of your certificate(s)

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Are you currently undertaking training towards Fellowship of another medical College?  Yes  No

If 'Yes', which College(s): \_\_\_\_\_

**IV. Awards/Honours:**

Please provide details:

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Current honorary positions, e.g. board memberships:

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**Part D: Medical Registration**

Are you currently registered as a Medical Practitioner in Australia or New Zealand  Yes  No

➤ If 'Yes', please attach copy of your current certificate of registration

Registration number \_\_\_\_\_ Expiry date D D M M Y Y Y Y

Are there any restrictions/conditions on your registration?  Yes  No

If 'Yes', please provide details:

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**Part E: Professional Experience**

Please attach your most recent CV to this application including:

- All positions held since internship
- For each position, its start and end dates (DD/MM/YYYY), Full time equivalent (FTE), and all clinical and medical management experience including the percentage of total time allocated to each category (managerial/clinical/teaching/other)

*Note: It is a pre-requisite of the RACMA Fellowship Training Program for Candidates to have a minimum of 3 years of full time equivalent (FTE) clinical experience (direct patient care). The College has adopted the Medical Board of Australia's definition of an academic year of 47 weeks (46 weeks for NZ Candidates). This period excludes annual leave but may include up to 2 weeks of professional development.*

Please complete the **Summary of Employment History** table in **Appendix 3** below in support of the minimum 3-year period of your clinical experience at 1.0 FTE (47 weeks x 3 for Australian applicants) and (46 weeks x 3 – for NZ applicants) and outline relevant medical management positions held previously.

## Part F: Training Post

A requirement of Candidacy via Standard Pathway in the RACMA Fellowship Training Program is that the Candidate completes a minimum of three academic years full time supervised medical management experience in the workplace. This experience will be gained in an accredited training post during which time the Candidate will have a supervisor (usually their line manager) and a Preceptor allocated by the College.

The College accredits training posts within health service training organisations by assessing workplace information in the application form, accreditation form and confirming details at an accreditation site visit. Assessment includes supervision, infrastructure, support services and a comparison of the workplace experiential opportunities offered by the organisation against the competency requirements of the Fellowship Training Program.

Candidates who change their training post or employer/training organisation whilst still a Candidate in the Fellowship Training Program must ensure this new training post is, or will be, accredited by RACMA. If a training post is not accredited, Candidates may risk this time not being counted towards their RACMA Fellowship training. Please see [RACMA website](#) for additional information.

### (a) Training Post details (tick as appropriate):

- As in Part B above
- I will be in a position other than my current employed position (provide details):

Position \_\_\_\_\_

Employer organization \_\_\_\_\_

Work address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Work Email \_\_\_\_\_

Proposed Commencement date (DD/MM/YY) \_\_\_\_\_

### (b) Time fraction in position/training post

Total FTE \_\_\_\_\_ Clinical FTE \_\_\_\_\_ Managerial FTE \_\_\_\_\_

➤ **Please note: Applicants will need to meet a minimum requirement of full time equivalent for Candidacy (see entry prerequisites for entry to Fellowship Training Program for training pathways.)**

### (c) Additional information on position/training post

Location:	<input type="checkbox"/> City	<input type="checkbox"/> Rural	<input type="checkbox"/> Remote	
Industry sector:	<input type="checkbox"/> Public	<input type="checkbox"/> Private		
Sector type:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Defence	<input type="checkbox"/> Research	<input type="checkbox"/> Teaching/ training
	<input type="checkbox"/> Government Dept. -Health	<input type="checkbox"/> Government Dept. – Non-Health	<input type="checkbox"/> Management consultancy	<input type="checkbox"/> Insurance/ Finance
	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> IT/ IS	<input type="checkbox"/> Tissue/Blood	<input type="checkbox"/> Law/ legal
	<input type="checkbox"/> Other:			

**(d) Supervisor details:**

Name \_\_\_\_\_

Position \_\_\_\_\_

Mobile \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Is your Supervisor currently a FRACMA?  Yes  No

If 'No', is there a FRACMA in your work place to provide Secondary Supervision  Yes  No

➤ If 'Yes', provide details below:

Name \_\_\_\_\_

Position \_\_\_\_\_

Mobile \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

➤ Please attach the following supporting documentation:

- A **Letter of Support** from your employer/future employer, confirming your:
  - Position/expected position
  - Extent of position (FTE) and time fraction
  - Expected duration of employment
- The most recent version of the **Position Description** and **Organizational Chart** of your Training Post.

**Accreditation of Training Post**

➤ All successful applicants will need to have their Training Post/Substantive Position accredited by RACMA.

Please advise if your Training Post:

- has already been accredited by RACMA
- has been provisionally accredited by RACMA
- has not yet been accredited by RACMA

**Note: If your Training Post has not yet been accredited by RACMA, please attach an Application for [Accreditation of Training Post Form](#) which is available on the College website. This application must be completed by your Supervisor/Line Manager in your workplace organisation**

➤ If you have any enquiries regarding Accreditation of your Training Post, please refer to the [website](#), or contact the College Office on +61 3 9824 4699.



## Part G: Master's Program

Please provide details of the university Master's degree you have completed, commenced or propose to undertake:

Master's Program \_\_\_\_\_

University \_\_\_\_\_

Country \_\_\_\_\_ Year of Graduation/  
Expected Graduation Y Y Y Y

Master's Program status  Proposed  Commenced  Completed

**Please note: Masters programs recommended by RACMA as meeting the Fellowship Training Program requirements are [listed on the College website](#).**

(a) Is your Master's program on RACMA's recommended list?  Yes  No

(b) If 'No', attach a detailed course outline, and include description of all units in line with [RACMA core subject area requirements for Master's Degree](#).

### I. If 'Commenced':

Please indicate which of the following RACMA Core Units you have enrolled/commenced:

- |   |   |
|---|---|
| <input type="checkbox"/> Health Law and Ethics          | <input type="checkbox"/> Epidemiology and Statistics* |
| <input type="checkbox"/> Health Economics               | <input type="checkbox"/> Research Methodology*        |
| <input type="checkbox"/> Health Care Systems            | <input type="checkbox"/> Leadership                   |
| <input type="checkbox"/> Financial Management in Health |   |

➤ **Please attach evidence of enrolment in the relevant unit (s) with learning outcomes for each unit.**

### II. If 'Completed':

Please indicate which of the following RACMA Core Units you have completed:

- |   |   |
|---|---|
| <input type="checkbox"/> Health Law and Ethics          | <input type="checkbox"/> Epidemiology and Statistics* |
| <input type="checkbox"/> Health Economics               | <input type="checkbox"/> Research Methodology*        |
| <input type="checkbox"/> Health Care Systems            | <input type="checkbox"/> Leadership                   |
| <input type="checkbox"/> Financial Management in Health |   |

➤ **Please attach a certificate (if applicable) and a transcript of results with learning outcomes for each unit.**

**Please note: If you undertake a Master's Program that does not meet RACMA core requirements, you may be required to complete additional Master's Units.**

*\*This unit may be offered as Evidence-informed Decision Making subject in some universities. Learning outcomes for this subject should be provided to confirm this.*

### Part H: Credit Application for Masters' Subjects

If an applicant has completed a subject, program or course that is of comparable learning and can be counted towards recognition of prior learning for the academic requirements of the RACMA Fellowship Training Program (FTP), he/she may apply for credit with the College. The award of academic credit is based on recognition of comparable learning for studies previously undertaken by the Candidate in a recognized university. Full or part credit for studies will only be awarded if the study has been completed **within 10 years** prior to the application of credit.

The application must be accompanied by supporting evidence and documentation for the recognition of an applicant's skills, knowledge and academic achievement obtained outside the RACMA Fellowship Training Program. Examples of supporting evidence and documentation: Transcript of Results /Certificate of Completion and subject/course description which includes learning objectives/outcomes (extracted from Course Handbooks).

*Note: Applicants are requested to submit their Application for Credit at the same time as their Application for Candidacy to avoid incurring an additional non-refundable administrative fee for late credit application.*

Are you seeking Credit for previously completed academic studies?  Yes  No

➤ If 'Yes', please complete the following:

Please indicate which of the following RACMA Core Units that you wish to request credit:

- |   |   |
|---|---|
| <input type="checkbox"/> Health Law and Ethics          | <input type="checkbox"/> Epidemiology and Statistics* |
| <input type="checkbox"/> Health Economics               | <input type="checkbox"/> Research Methodology*        |
| <input type="checkbox"/> Health Care Systems            | <input type="checkbox"/> Leadership                   |
| <input type="checkbox"/> Financial Management in Health |   |

Reasons for Application of Credit (Attach Any Supporting Documentation):

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Name of Comparable Program/Course/Subject (Attach Any Supporting Documentation):

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Name of Awarding Organisation/Institution (Attach Any Supporting Documentation):

\_\_\_\_\_ Year of Award: \_\_\_\_\_

*\*This unit may be offered as Evidence-informed Decision Making subject in some universities. Learning outcomes for this subject should be provided to confirm this.*

### Part I: Credit Application for Research Training Domain

Health services evaluation research is an important element of the Fellowship Training Program and is a commitment to the key role competency of Scholar in the Medical Leadership and Management Curriculum. Research Training is one of the four domains of the Fellowship Training Program which must be completed 'satisfactorily' within a specified period to be eligible for Fellowship.

Applicants with previous health services management research may apply for credit for some or all components of the Research Training Domain.

### 1. Qualification and study details

Please indicate which of the following degrees/projects in Health Services Research you have completed which is the basis for this application for credit:

- Health service/health systems publications or reports
- Masters by Research
- PhD in health service/health systems
- Post-doctoral Research Project
- Other Research Project (Specify): \_\_\_\_\_

Title of thesis/research project/s:  
\_\_\_\_\_

University (if applicable):  
\_\_\_\_\_

Department: \_\_\_\_\_

Supervisor/s: \_\_\_\_\_

Year awarded (if applicable): \_\_\_\_\_

If published, please give details of title, publisher and year:  
\_\_\_\_\_

### 2. Summary statement:

Attach a statement (no more than 300 words) outlining your research study and summarising how this research is relevant to the field of medical management within a health care setting. Indicate how your study contributes new knowledge to the field of medical administration. Provide copies of abstracts or publications if relevant.

### 3. Candidate undertaking:

If you are granted credit, you may be exempt from some or all the following tasks within the Research Training Domain:

- Research methods subjects in Master's Degree studies
- Research Induction Webinar and Assessment Task
- Research Proposal (HREA/LNR)

If granted full credit you will still be required to complete the following:

- Oral Presentation on Research Progress; and
- Written report summarising your project and providing some reflection on this scholarly activity (4000 words)

**Part J: Awards/Honours:**

Please provide details:

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Current honorary positions, e.g. board memberships:

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**Part K: Nomination of Preceptor**

You will be allocated an appropriate Preceptor/Executive Coach. This College Officer is a Fellow of the College and will be based independent of your workplace. If there is a Fellow of the College who you would like to nominate as your Preceptor/Executive Coach this will be considered by the College before a final allocation is made.

Nominated Preceptor name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Part L: Referees**

Please have three (3) referees complete the **Online Applicant Assessment Questionnaire** via the following link:

<https://www.surveymonkey.com/r/RPL2019>

- **Referees should be your direct line managers from your last (most recent) 3 roles (preferably FRACMA).**
- **The Interview Panel may contact your referees for further discussion if required.**

*Please ensure your referees complete their online assessments by the due date on the [website](#). The College will not proceed with your application until all referee assessments are completed.*

Please list nominated referees below:

1 Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

2 Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

3 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Part M: Recent Employment Positions**

**Detailed Description of Recent Positions**

Please complete the position descriptions in following pages, according to the template provided below. Required information is for your **last three roles** (current position and two positions directly preceding it).

*Provide evidence as applicable. Only typed responses will be accepted.*

**Please attach the following documents (highlighted cells are mandatory):**

Document	Current position <sup>#</sup>	Previous positions <sup>*</sup>
Position description	<input type="checkbox"/>	<input type="checkbox"/>
Organisational chart	<input type="checkbox"/>	<input type="checkbox"/>
Performance evaluation (if available)	<input type="checkbox"/>	<input type="checkbox"/>

*\* Two positions directly preceding your current position*

**I. CURRENT POSITION**

Organisation \_\_\_\_\_  
 Title \_\_\_\_\_  
 Reports to \_\_\_\_\_  
 Position held From (MM/YYYY) \_\_\_\_\_ To (MM/YYYY) **CURRENT**

**Key achievements in Medical Management (up to 200 words):**

## II. PREVIOUS POSITION 1

*This section refers to the position **directly preceding** your current position.*

Organisation \_\_\_\_\_  
Title \_\_\_\_\_  
Reported to \_\_\_\_\_  
Position held From (MM/YYYY) \_\_\_\_\_ To (MM/YYYY) \_\_\_\_\_

**Key achievements in Medical Management** (up to 200 words):

## III. PREVIOUS POSITION 2

*This section refers to the position **directly preceding** the one reported in section Error! Reference source not found. **Error! Reference source not found.** Provide evidence as applicable.*

Organisation \_\_\_\_\_  
Title \_\_\_\_\_  
Reported to \_\_\_\_\_  
Position held From (MM/YYYY) \_\_\_\_\_ To (MM/YYYY) \_\_\_\_\_

**Key achievements in Medical Management** (up to 200 words):

**Part N: Continuing Professional Development**

Attach copies of your certificates as applicable. See also **Guidelines for Submitting Evidence**.

**N1: General**

Please attach your latest CPD certificates:

- i. Issued by your Medical Specialty College(s)
- ii. Issued by other Professional Colleges/Institutes

**N2: Medical Management & Leadership**

Please report in the table below any management coaching, courses or other CPD activities undertaken in the last 3 years that are related to Medical Management and Leadership. Add rows to the table as applicable.

Categorise your CPD activities according to RACMA CPD Standards:

- **Standard 1 - Peer Review and Self-Audit**, including self-review, performance review and/or 360-degree activity
- **Standard 2 - CPD Activities**, including:
  - 2a. Clinical Governance, Quality improvement, Clinical Risk Management
  - 2b. Maintenance of Knowledge and Skills (College competencies)
  - 2c. Teaching and Examination
  - 2d. Research and Publication – in Medical Management/Health Services Research

See more examples on the RACMA [CEP Activity Options](#) webpage.

Activity (Title/Description)	Year	RACMA CPD standard	Evidence ID	Certificate attached
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Additional Comments:

**Part O: Assessment of Capabilities**

Please assess your **level of capabilities** as per the following:

**O1: Self-Assessment**

Please complete the **online Applicant Assessment Questionnaire** via the following link:

<https://www.surveymonkey.com/r/RPL2019>

Online questionnaire completed on \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**O2: Comparable Learning**

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

The central roles are those of Medical Leader and Manager is that of Medical Leader based on the foundation of medical expertise and supported by competencies embedded in the CanMEDS roles of Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional.

Please provide evidence to demonstrate your competence in line with the RACMA core competencies. (See Examples below). You may submit other, and any evidence to support your claim for competency.

Competencies	Examples of potential evidence	Evidence	*EID
<b>Scholarship</b>			
Research	<ul style="list-style-type: none"> <li>key publications for the panel’s review, preferably in Health Service Research (actual papers, not a publications list)</li> <li>Evidence of being an editor/reviewer on a peer-reviewed journal</li> <li>Ethics approval certificate from the HREC in your organisation for a research project you have led as a principal investigator</li> <li>Evidence for participation in an HREC at your current/ previous organisation or another research institute</li> </ul>		
Teaching	<ul style="list-style-type: none"> <li>Evidence of teaching in an academic institution</li> <li>Facilitating/ delivering training for medical workforce</li> <li>Evidence supervising junior staff at the workplace</li> </ul>		



Competencies	Examples of potential evidence	Evidence	*EID
Evidence-based decision making	<ul style="list-style-type: none"> <li>Evidence-based decision making demonstrated through, e.g., QI projects undertaken or policy development.</li> </ul>		
<b>Advocacy, Communication, Collaboration and Professionalism</b>			
Written work derived from the workplace	<ul style="list-style-type: none"> <li>Ministerial Briefing</li> <li>Business cases / project proposals</li> <li>Service plans</li> <li>QI plans and quality accreditation reports</li> <li>Policies</li> <li>Performance reports</li> </ul>		
Advocacy	<ul style="list-style-type: none"> <li>Evidence of public speaking, e.g., abstracts, video/audio clips</li> <li>Media appearances</li> <li>Position papers</li> </ul>		
Cultural competency	<ul style="list-style-type: none"> <li>Certificate of participation in an Indigenous Health module at another medical specialty college</li> <li>Evidence of work with indigenous communities, e.g., testimonials, media publications, etc.</li> <li>Facilitating/ delivering cultural competence training for medical workforce in other organisations</li> </ul>		
Professionalism	<ul style="list-style-type: none"> <li></li> </ul>		

*\* Give each item you submit a unique ID number/tag (up to 3 digits/characters in length). Rename your submitted files to include the relevant Evidence ID (EID) in the file name for convenience of reference.*

As applicable, provide **evidence** in support of your claims. Comply with the following guidelines:

### **Guidelines for Submitting Evidence**

RPLE determination will be based on the quality of evidence you provide.

When submitting evidence (certificates/qualifications, work products (e.g., reports, written pieces, audio/video), letters of support, or other files as applicable) consider the following:

1. Ensure your evidence is
  - a. Valid – relate to the capability assessed
  - b. Sufficient - to support your claims. Direct evidence of your capabilities (e.g., written work such as reports or other documents you produced) is generally considered stronger than indirect evidence (third party testimonials, letters of support, training records, etc.).
  - c. Current – from the **last 3 years** (academic studies – from the **last 10 years**)
  - d. Authentic – the evidence can be verified as your own work
2. Submission of evidence with this Application for Candidacy:
  - a. *De-identify* evidence if and where applicable, to ensure protection of privacy and confidentiality of third parties.
  - b. Give each item you submit a unique ID number/tag (up to 3 digits/characters in length). Rename your submitted files to include the relevant Evidence ID (EID) in the file name.
  - c. List submitted evidence in the appropriate section(s) of this form. List any additional evidence in the **Evidence Log (Appendix 4)**

### **Part P: Reflective Practice**

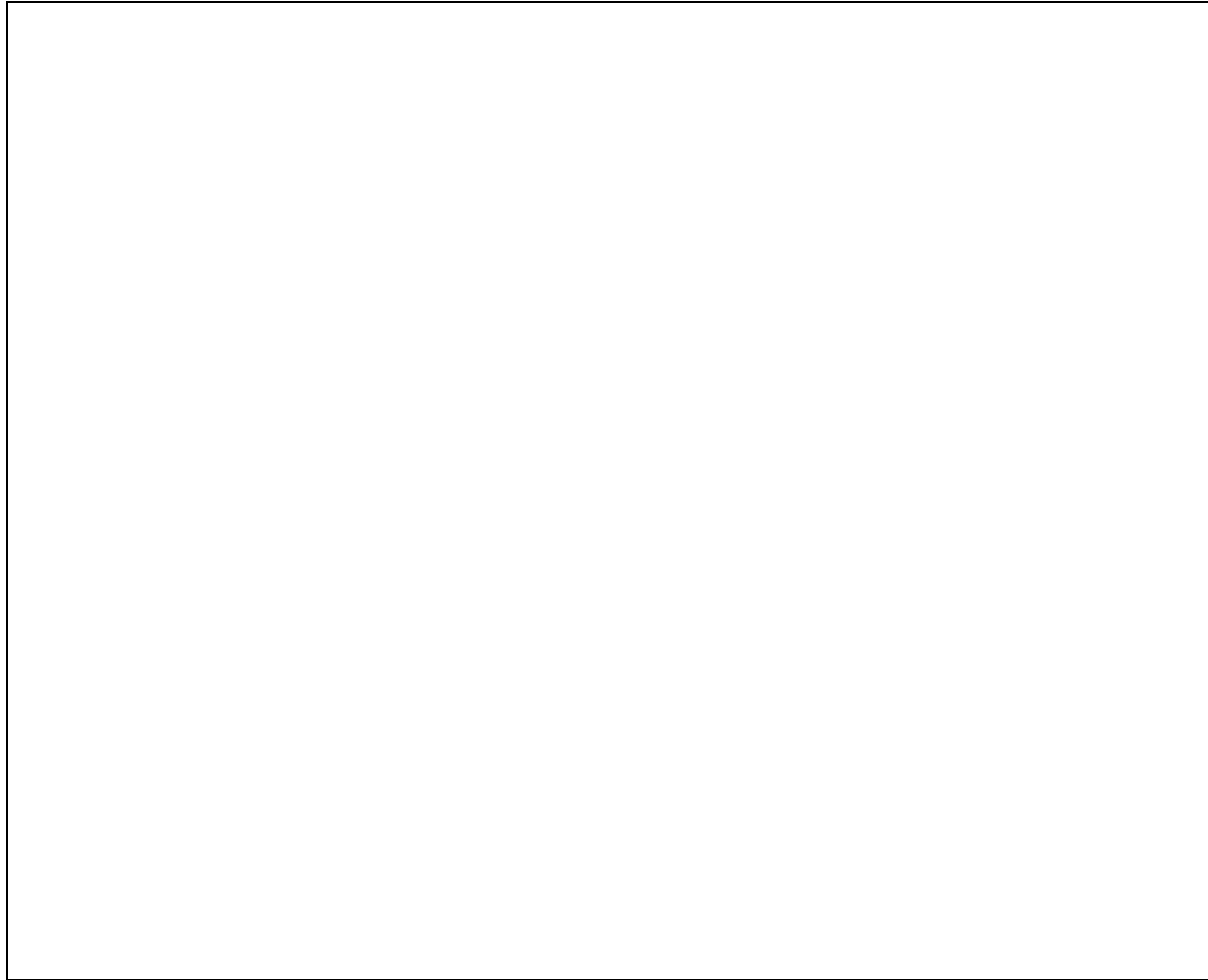
Pick a workplace related event that occurred in the last three (3) years.

Describe in no more than 500 words:

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

For further information on reflective writing, please see the [Reflective Writing Resources](#) webpage on the College website.

Please use the box below for your reflective writing (500 words):



***Part Q: Privacy and Consent Form***

RACMA is required to take reasonable steps to ensure that Applicants are aware of certain details including the purposes for which their personal information is collected and the organisations to which it may be disclosed.

***Please read the RACMA Privacy Notice and sign the Consent Form in Error! Reference source not found.***

**Part R: Declaration**

- I hereby apply to attend an RPLE Assessment Panel Interview with the Royal Australasian College of Medical Administrators for the Recognition of Prior Learning and Experience (RPLE) and entry into Candidacy in the Fellowship Training Program
- I accept that attending a panel interview does not guarantee the award of RPLE and entry into the RACMA Fellowship Training Program
- I have read the online College Handbook and I acknowledge the requirements for successful completion of the Fellowship Training Program as modified by the award of RPLE by the Panel
- I have advised my referees to complete the online Applicant Assessment Questionnaire and its completion due date
- I have read and understood the College policy [Reconsideration, Review and Appeal of Decisions of the College Committees and Officers](#)
- I have familiarized myself with the RACMA Policies and Regulations
- I have read the *Privacy Notice* and signed the *Consent Form* in **Appendix 1** below
- I certify the information supplied in this application and attachments is complete and correct
- I will notify the College of changes to my personal or employment details
- I authorise the College to place my details on the College (Company) Register and to be passed on to the relevant College stakeholders
- I will respect the College policies and regulations relating to my RACMA Candidacy and Membership of the College
- I acknowledge the fee requirements to undertake the RACMA Fellowship Training Program
- I undertake to pay all fees by the due date upon acceptance into Candidacy.
- I acknowledge that the Application Fee and RPLE Panel Assessment Fee are non-refundable

Signature: .....

Date: .....

## Appendix 1: Privacy and Consent Notice

Personal information (including sensitive and health information) collected in this form or in connection with your RACMA membership will be used to assess and process your application, to administer your RACMA membership and to send you information about programs, services and events that may be of interest.

If you do not provide the personal information RACMA requires you to provide, RACMA may not be able to process your application or provide some or all the benefits of RACMA membership.

The information RACMA collects about you may be disclosed to your nominated referees and previous employees or placements (for the purpose of assessing your application), to training settings and to individuals and organisations that provide training related services, to persons appointed to perform support, mentoring and assessment functions. Such information may also be disclosed to AHPRA and other regulatory bodies for regulatory purposes, to bodies carrying out credentialing or quality assurance activities, to hospitals or other organisations to which you apply for employment or accreditation, to organisations seeking to source expert advice or consultancy services, to organisations seeking to identify candidates for appointments and awards, to RACMA's external service providers (for example IT contractors and event organisers) and otherwise as required or authorised by law.

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

If you are a Fellow or Associate Fellow, your name and the jurisdiction with which you are associated will be published on RACMA's website and in RACMA publications.

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

For further information about privacy at RACMA, including information about how to access or correct your personal information and about how to make a privacy complaint, see RACMA's privacy policy at <http://tinyurl.com/l9y8kvg>.

### CONSENT AND ACKNOWLEDGMENT

I, ..... (insert name), an applicant for membership of the Royal Australian College of Medical Administrators ('RACMA'):

1. consent to RACMA collecting personal information about me from my nominated referees for the purpose of considering my application for membership;
2. consent to RACMA disclosing such information to the types of organisations described in the above Privacy Notice, for the purposes of considering my application and administering my membership of RACMA (including to a recipient in a country outside Australia, notwithstanding that RACMA may be unable to ensure that the recipient does not breach the Australian Privacy Principles in relation to the information);
3. state that any personal information about another individual (including a nominated referee, employer or emergency contact) that I have provided with this application is provided with that individual's knowledge and consent; and
4. acknowledge that I am not required to provide this consent and may revoke it at any time but understand that if my consent is not provided or is revoked, I may not obtain any or all the benefits of RACMA membership.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Appendix 2: Employment History Legend

Use the following codes when completing **Table on Professional Experience**

### Column F: Setting type

Code	Description
F1	Public Hospital
F2	Private Hospital
F3	Private Practice
F4	Management consulting
F5	Higher Education – Teaching/Research
F6	Defence
F7	Area Health Service/ District Health Board
F8	Government Health Department
F9	Other government department/organisation
F10	NGO
F11	Other

### Column G: RRMA Classification

For classification information please visit <http://www.aihw.gov.au/rural-health-rrma-classification/>

Code	Zone	Category
M1	Metropolitan	Capital Cities
M2		Other metropolitan centres (population over 100,000)
R1	Rural	Large rural centres with population 25,000 – 99,000
R2		Small rural centres with population 10,000 – 24,999
R3		Other rural centres with population less than 10,000
Rem1	Remote	Remote centres with population over 5,000
Rem2		Other remote areas with population less than 5,000

### Column H: Budget (Financial Authority)

Code	Description
H1	None
H2	< \$500K
H3	\$500K - \$1M
H4	\$1M - \$5M
H5	\$6M - \$10M
H6	\$11M - \$20M
H7	\$21M - \$50M
H8	> \$50M
H9	Other

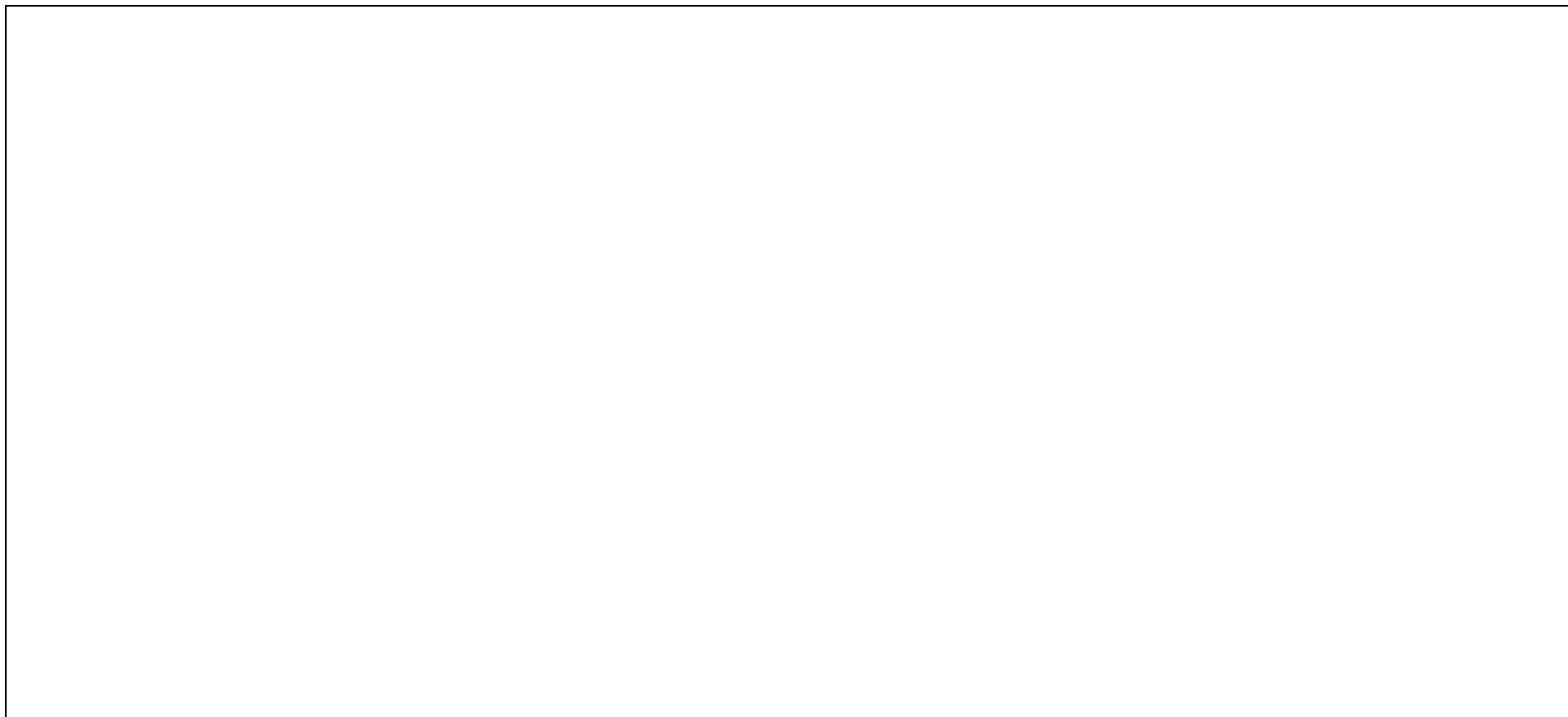
**Appendix 3: Summary of Employment History**

- Please outline relevant medical management positions and summarise them chronologically (from recent to previous) in the table below.
- Honorary or volunteer positions are **not to** be included
- If answer is “Other” please specify in the comment box below (include relevant [row, column] identifiers with your comment)
- Use codes where appropriate. See **Appendix 2** for legend of codes for this table.
- Add rows as required

**Note: Total Med. Mgmt. (FTE) and Clinical experience (FTE) is calculated as Years in role \* FTE per role \* % Clinical specialist work. Add rows as applicable.**

	A	B	C	D	E	F	G	H	I	Total Years in Role	FTE [4]	K					
	Position	Organisation	Reporting to [1]	Setting Code [2]	RRMA Code [2]	Budget [2]	Staff [3]	From MM/YYYY	To MM/YYYY			Responsibilities (%) [5]					
												Clinical Work (%)	Total Clinical Experience (FTE)	Medical Management (%)	Total Med. Mgmt. Experience (FTE)	Other Work (%)	Total Other Experience
1																	
2																	
3																	
4																	
5																	

Comments (e.g., "Other" etc.):



<sup>[1]</sup> Board/CEO/EDMS/DMS/HOD/CMO etc.

<sup>[2]</sup> See legend of codes in **Appendix 2**

<sup>[3]</sup> Number of staff (clinical and non-clinical) in the department or service for which you were responsible

<sup>[4]</sup> FTE = Full time equivalent, as defined by the employing organisation

<sup>[5]</sup> Please specify percentage of time dedicated to various clinical/managerial/other (e.g. teaching, etc.) duties in this position



**Appendix 4: Evidence Log**

You may submit and record in the table below any evidence to further support your case for this Application for RPLE and Candidacy in addition to what has been requested and listed in previous parts of this form. For each submitted item, identify the section(s) or question(s) in this form, or relevant capabilities, to which the evidence applies.

<b>Evidence ID</b>	<b>Title/description</b>	<b>Relevant section(s) in this form/ Relevant capabilities</b>	<b>Comments</b>

## Appendix 5: Accompanying Documentation

Please use the checklist below to verify you have attached all required information

Part	Accompanying Documentation	Attached	
	<b>General</b>		
	A recent photograph attached to the front page of this form	<input type="checkbox"/> Yes	
<b>C</b>	<b>Educational Qualifications</b>		
	Copy of your medical degree certificate	<input type="checkbox"/> Yes	
	Copy of your transcript of academic results in your medical degree	<input type="checkbox"/> Yes	
	Evidence of other relevant qualifications, e.g. certificate of Fellowship of another medical College, Master's degree or other post graduate qualifications	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>D</b>	<b>Medical Registration</b>		
	Copy of your current medical registration (Only Australian or New Zealand accepted)	<input type="checkbox"/> Yes	
<b>E</b>	<b>Recent Curriculum Vitae, including details of:</b>		
	All positions from internship to the present date including time fractions, appointment dates / organisation, location and supervisor where relevant	<input type="checkbox"/> Yes	
	All clinical and medical management experience including the percentage of FTE and total time allocated to each category	<input type="checkbox"/> Yes	
	Any publications	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	<b>Appendix 3</b> is completed		
<b>F</b>	<b>Training Post</b>		
	Most recent position description and organisational chart of current position	<input type="checkbox"/> Yes	
	Most recent position description and organisational chart of proposed training post (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Letter of Support from employer/future employer	<input type="checkbox"/> Yes	
	A completed Accreditation of Training Post form with supporting documentations	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Confirmation of Accreditation of your Training Post	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>G</b>	<b>Master's degree</b>		
	Copy of your Health Management Master's degree certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Copy of all the results to date	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	A detailed course outline and description of units undertaken	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>H</b>	<b>Credit Request for Masters Units</b>		
	Attached supporting evidence	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>I</b>	<b>Credit Request for Research Training Domain (RTD)</b>		
	Attached supporting evidence	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

<b>J</b>	<b>Awards/Honours</b>		
	Evidence of awards and/or honours you have received	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>L</b>	<b>Referees</b>		
	Please confirm three referee assessments have been, or will be, completed online and submitted with the application by the due date (must be completed before the RPLE Assessment interview date)		
<b>M</b>	<b>Medical Management Experience</b>		
	Position description of current position	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Organisational chart of current position	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Position description of 2 previous (directly preceding current) positions	<input type="checkbox"/> Yes	
	Organisational chart of 2 previous (directly preceding current) positions	<input type="checkbox"/> Yes	
	Summary of Employment History table completed ( <b>Appendix 3</b> )	<input type="checkbox"/> Yes	
<b>N</b>	<b>Continuous Professional Development (CPD)</b>		
	Latest certificates of CPD in your specialties	<input type="checkbox"/> Yes	
	Copies of evidence of CPD activities relevant to Medical Management and Leadership	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>O</b>	<b>Assessment of Capabilities</b>		
	<b>Self-Assessment</b>		
	Completed Online Applicant Assessment Questionnaire	<input type="checkbox"/> Yes	
	<b>Comparable learning</b>		
	Evidence of previous formal studies	<input type="checkbox"/> Yes	
	<b>Evidence Log</b>		
	Additional evidence, as applicable, submitted, listed and numbered/coded	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	<b>Privacy and Consent Form</b>		
	<b>Appendix 1</b> signed and dated	<input type="checkbox"/> Yes	
	<b>Payment</b>		
	<b>Appendix 4</b> completed Please refer to the <a href="#">website</a> for current Application fees	<input type="checkbox"/> Yes	
	<b>Declaration</b>		
	Signed and dated	<input type="checkbox"/> Yes	

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**Appendix 5:**

**CANDIDACY APPLICATION PAYMENT FORM**

Please refer to the website for [2018/2019 College Fees](#).

Australian Applicant

New Zealand Applicant

*(NZ Applicants will not be charged GST)*

Payment by:

**Cheque**      please post to:  
RACMA Candidate Applications  
Royal Australasian College of Medical Administrators  
1/20 Cato Street, Hawthorne East, Vic 3123

**Credit card**      please provide payment details below:

Applicant Name \_\_\_\_\_

Amount\*      AUD      \_\_\_\_\_       MasterCard       Visa

Cardholder Name \_\_\_\_\_

Card Number      \_\_\_\_\_      Expiry Date      M    M    Y    Y

Signature: \_\_\_\_\_

**Note:**

- ***Candidacy Application Fee and RPLE Panel Assessment Fee are non-refundable***
- ***RPLE Panel Assessment Fee becomes payable only once the Applicant is found eligible to be invited by the College for an RPLE Panel Interview.***