



RACMA FELLOWSHIP TRAINING PROGRAM

RESEARCH TRAINING DOMAIN HANDBOOK

2019

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1. Background

The RACMA Fellowship Training Program (FTP) is structured in four domains of continuous learning in formative workplace activities and summative assessment tasks that have been named:

Health System Science (HSS);
Medical Management Practice (MMP);
Research Training (RT); and
Personal and Professional Leadership Development (PPLD).

In the integrated model of learning adopted by the College, Candidates must learn satisfactorily in each Domain, concurrently, in order to be eligible for membership of the College in the category of Fellow. Exemptions from components may be made, and credit may be granted for previous activities or qualifications, so that Candidates make progress in each domain at varying paces.

Research Training Domain (RTD) activities were introduced into the FTP in 2012 in accordance with the College's commitment to meeting the standards of the Australian Medical Council for Specialist Medical Colleges. The principles and structure were reviewed in 2018, and some of the earlier activities have been modified.

The following information relates to all Candidates beginning candidacy in 2019. Those Candidates who are already in training and well on their way to completion of the expected research domain activities should continue with their endorsed processes.

Those who have not yet begun their RTD projects may wish to transfer to working on one of the new options. Candidates who wish to make changes to their programs should apply to the College Office for acknowledgment of the anticipated changes and endorsement of their new plans.

2. Research Training Policy

The RTD for the role competency (graduate outcome) of Scholar-Researcher has intended learning outcomes, formative learning expectations and summative assessment methods.

The **principles** of the RACMA RTD are:

- that Candidates demonstrate participation in learning about evidence-informed decision-making for health service management and medical administration;
- that human research ethics implementation issues are considered in the conduct of health service investigatory projects;
- that an information-driven project in medical administration (i.e. health system management and/or clinician leadership) is completed;
- that investigatory projects are assessed as achieving a satisfactory level of competence; and
- that competence is achieved within four calendar years of gaining ethics clearance for the project.

Planning the project needs to take account of availability of project supervisor, opportunities for the candidate to access data, response-time commitments of participants and potential for movement of the Candidate to sites or roles that may improve or in fact, preclude, project completion.

The College provides opportunities for Oral Presentations of Research project progress to be summatively assessed, usually at, or around, training workshops, to optimise the availability of assessors and minimise the costs to Candidates. Candidates are advised to check the College website and take note of Candidate bulletins on the e-Learning portal for deadlines for submission of proposals and applications for opportunities for summative assessments.

3. Learning outcomes

In keeping with the Curriculum¹, the overall aim of the RACMA RTD is

to raise Candidate awareness of the knowledge, skills and attitudes required to critically evaluate information for decision making in health service management.

The **learning outcomes** of the RTD are that Candidates will be able to:

- Identify an information/data-driven health services project question relevant to the practice of medical administration;
- Choose an appropriate method for deriving knowledge from study of a health service management question;
- Acknowledge relevant human research ethics issues and Human Research Ethics Committee processes associated with dealing with a service-related question;
- Undertake a collation of relevant and current information about a health service management issue;
- Analyse, interpret and discuss evidence adduced from a formal study; and
- Draw conclusions and make recommendations relating to outcomes identified from the project.

¹ RACMA (2011): Medical Leadership and Management Curriculum Document

4. Timetable for Research Training Domain activities

The standard timetable for a Candidate with no recognition of previous learning in evidence-informed decision-making is:

- Year 1

Participation in a Master's level course in health services research;

Participation in research domain webinars; and

Development of a proposal for an evidence-informed project by the end of Year 1 (or the beginning of Year 2).

- Years 2/3

Continuation of participation in webinars if needed;

Written submission of a proposal for an evidence-informed project by beginning Year 2, for endorsement as suitable for summative assessment;

Confirmation of ethics clearance;

Conduct of an evidence-informed project; and

Oral presentation of progress in, or completion of, a project at the beginning of Year 3.

- Years 3/4

Completion of a project; and

Written report for assessment by end Year 3/beginning Year 4.

5. Formal learning about evidence-informed decision-making

Candidates are expected to complete formal study at Master level in *Research Methods*, or *Epidemiology and Statistics* or *Evidence-informed decision-making*. This may be undertaken as a course in a concurrent Master's degree, or credit may be granted for previous learning. It is expected that Candidates undertake this course as early as possible in their candidacies in order to maximise their preparation, and the time available for their projects.

6. College Research Webinars

To enhance the learning experience of Candidates and interested Supervisors, the College RTD Committee schedules monthly webinars.

The format for the webinars will be that of presentation on the topic for the month, followed by questions and discussion. There will also be time for Candidates to raise issues with their projects that may be useful to share with their colleagues.

Webinars will be held once per month on **FRIDAYS, 12.30pm to 1.30pm (Melbourne time)**. Dates will be made available on the website and in the e-Learning Portal. It is expected that recordings of the webinars will be available via the RACMA e-Learning portal.

The draft schedule for 2019 appears below.

| Month | Webinar Topics |
|-----------|--|
| February | Overview of Research Training Domain and assessment milestones |
| March | Research Project - overview of acceptable research projects |
| April | Quality Improvement (QI) Project- overview of acceptable QI projects |
| May | Ethical Issues in Projects |
| June | Systematic literature reviews and other projects – minimum requirements? |
| July | Qualitative Methods |
| August | Data Management and Analysis |
| September | System dynamics modelling |
| October | Feedback on Proposals |
| November | To Be Advised |

7. Options for the RTD Project

Candidates have several options for development of their RTD projects:

- a curiosity-driven health services research project;
- a substantial investigation for a quality improvement management task, using a scholarly approach;
- a systematic analysis of literature, utilising a standardised protocol, relevant to a health service/medical management task; or
- a bio-ethical disputation of an issue arising in the training workplace or otherwise relevant to medical administration.

7.1 Health services research

A research project is a systematic investigation aiming to develop or contribute to generalizable knowledge.

The College has adopted the definition of health services research as articulated by the Australian National Health and Medical Research Committee in 2011:

Health services research is research into how financing arrangements, health technologies and social factors affect the quality, cost, availability and access to health care.

Candidates undertaking concurrent study in research methods or epidemiology may find that they are guided in their research question by their participation in their courses. Others may have joined a medical services unit with a substantial health service research program, and it may be appropriate for them to make a substantial commitment to a component of an existing research program.

The research project may be quantitative or qualitative – the key issue for the novice researcher is the availability of supervision - in the workplace or university departments.

7.2 Quality Improvement investigation

A Quality Improvement project is a systematic, data-guided activity designed to elicit immediate improvements in health care delivery, in a particular setting. Any activity in which the primary purpose is the monitoring, or the improvement in the quality, of service delivered by an individual or an organisation, is a quality improvement activity.

The intent of quality improvement activities is to suggest potentially effective models, strategies or assessment tools, or to provide benchmarks, rather than to contribute to generalizable knowledge².

Surveillance and auditing of process conformance to expected norms may be a substantial undertaking in some health system situations; as may, for example, the data analysis required for service planning. Some Candidates may prefer to link into a workplace quality improvement process if there is likely to be substantial information gathering and analysis involved.

² Cobb, N. & Moberg, D. P. (2008). *Comparison of the characteristics of research, quality improvement, and program evaluation activities*. University of Wisconsin-Madison Health Sciences IRBs. Retrieved December 2018 from <https://inside.nku.edu/content/dam/rgc/docs/ResearchCompliance/IRB/TablesandChecklists/Comparison%20of%20Quality%20Improvement%20VS%20Research%20Activities%20Table.pdf/subassets/page1.pdf>

7.3 Systematic literature review

A systematic literature review may be a substantial project in itself. It rigorously assists in determining what is already known about a proposed question, appraises the quality of the research evidence and synthesises the evidence from the studies of the highest quality.

A clearly defined question is required for a systematic literature review in terms of Participants, Interventions, Comparisons, Outcomes and Study design (PICOS) and the Candidate will be expected to outline the project according to a systematic review protocol such as those of the Cochrane Library or the Campbell Collaboration.

7.4 Bioethical disputation

Bioethics is commonly understood to refer to the ethical implications and applications of the health-related life sciences. For practitioners in medical administration and medical leadership, there is a need for a scholarly approach to planning or implementing new technologies, procedures or services. Topics such as neonatal intensive care procedures, organ transplantation, pelvis exenteration surgery, radiation therapy, fertility treatments and some clinical trials, then, raise many questions in the minds of individuals and system administrators. Palliative Care practitioners consistently utilise an ethical decision-making framework in their dealings with patients on daily basis.

A disputation is an approach to resolving difficult questions over which there is little agreement or much controversy. Disputations were an important pedagogical tool in the medieval and early modern university up to almost the 20th century that enabled teachers and students to deal with controversial or delicate subjects in a just and careful manner.

The primary aims of a disputation are to:

- recognise all of the varying positions or arguments regarding a particular question, including the basic fact that all of the varying arguments have some credibility, and
- provide an integrative or synthetic solution to that question.

In order to bring together these two aims into a coherent resolution, the Candidate will need to be clear about the view of the human person and of human life that the solution presupposes; and to show how the solution acknowledges the points raised by competing or varying ethical theoretical positions³.

A bio-ethical disputation for this assignment should:

- Consider the various academic/intellectual positions on a difficult ethical issue in bioethics.
- Develop a well-considered and well-structured position on the bioethical issue through consideration and integration of arguments which appear to contradict the position the Candidate has developed.
- Provide responses to the arguments against their own position (generally, the responses should be integrative rather than dismissive).
- Draw together the arguments into a justifiable and relevantly referenced solution.

³ Notes attached to the Bio-Ethical Disputation assignment School of Medicine Notre Dame Australia.

8. Development of a proposal

Candidates are encouraged to commence work in the Research Training Domain (RTD) early in their Fellowship Training Program to ensure adequate time to complete their projects prior to seeking election to Fellowship. The core Masters units: *Epidemiology and Statistics*, or *Research Methodology (or equivalent)* or *Evidence-informed decision-making* provide important frameworks for the Research Training Domain. Some may require active participation in proposal development and/or literature review and they may subsequently guide development of the RACMA-assessable project.

The Webinar schedule is intended to enhance learning in these areas and assist Candidates to choose their investigations appropriately.

Candidates will develop a suitable health service investigatory project and submit a written proposal of approximately 1,000 words, for endorsement by the College, by the end of their first year of candidacy or beginning of the second year.

The proposal should take the general form of a submission to a supervisor for approval to conduct a project, or a proposal for a grant application. Feedback will be provided to the Candidate and it will be endorsed for its appropriateness for the basis of summative assessments for the RTD. Any changes to the project following endorsement will need to be notified to the College.

A **research** proposal (of approximately 1,000 words) will outline:

- The background to the project or preliminary literature review;
- The research/investigation question or hypothesis;
- The methodology proposed to 'answer' the question;
- The human research ethics issues to be considered;
- The anticipated data analysis techniques to be employed; and
- The potential timetable for the activity.

A **bio-ethical disputation** proposal (of approximately 1,000 words) will outline

- The background to the issue or case that is to be argued;
- The ethical principles that are highlighted by the case;
- The 'biological' or 'health system' facts i.e. evidence-based outline of the diagnostic or health system issues, risks and outcomes that will be investigated;
- The humanistic/moral/values concerns that need to be addressed;
- The primary statement;
- Two or three contrary arguments; and
- The possible balance/resolution that will be achieved.

The proposal should be submitted via the e-portal utilising the universal cover sheet during the web-advertised period for assessment. (**Appendix 1 Cover sheet, Appendix 2 Proposal and endorsement form, Appendix 3 Detailed proposal feedback**)

9. Consideration of human research ethics issues

It is expected that the Candidate's project will be considered for its human research ethics implications. It may be necessary for an ethics application to be made.

In Australia, the National Statement on Ethical Conduct in Human Research (<https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>) consists of a series of guidelines made in accordance with the National Health and Medical Research Council Act 1992.

Institutions may choose to exempt from ethical review research that:

- is negligible risk research; and
- involves the use of existing collections of data or records that contain only non-identifiable data about human beings.

They will have in place processes that ensure that in deciding to exempt research from an ethical review, they are determining that the research meets the requirements of the National Statement and is ethically acceptable.

Candidates working in Australia should refer to the Australia online forms research site, <https://au.ethicsform.org/SignIn.aspx> to determine the relevant requirements.

In New Zealand, the Health Research Council of New Zealand has similar legislation which requires submission of relevant forms for assessment of ethical issues relating to human research and investigation.

Candidates working in New Zealand should refer to the New Zealand site, <http://www.hrc.govt.nz/ethics-and-regulatory> to prepare applications.

Candidates must provide evidence that their proposals meet the relevant site or jurisdictional HREC's eligibility for consideration as low or negligible risk (LNR) inquiry, or that the relevant HREC has provided approval, or indicated that there is no requirement for ethics approval for their projects, prior to conducting them. (Section in Appendix 2)

10. Conduct of the project

Candidates are expected to be conducting their RTD projects in their second and third years of candidacy, with appropriate support from relevant supervisors as agreed in discussions in Annual Training Planning sessions. Supervisory sessions can be logged in Candidates' In-Training Performance Reports as formative learning experiences for competency development.

11. Summative activity - Oral presentation of RTD Progress

The Oral Presentation of RTD Progress is intended to assess Candidates' abilities in communication as well as their development of evidence-informed management reasoning. It is intended to simulate a presentation to an Executive meeting or a Scientific Meeting, outlining the project and presenting interim or final results.

The presentation will be about the project that has been endorsed by the College for summative assessment, and the projects should have been commenced for the Candidates to be eligible to present.

The Oral Presentation of RTD progress is a summative assessment requirement. It is undertaken by RTD Assessors, who are also members of the Board of Censors. Applications open approximately 2 months before the scheduled date, and abstracts for the presentation are expected one month prior to the date. (**Appendix 4 Abstract submission**)

Presentations are made in sessions of approximately two hours, with Censors and the other Candidates booked for the session, making up the audience. Each Candidate has 20 minutes: 15 minutes for presentation and 5 minutes for questions from the assessing Censors and/or the members of the audience. Abstracts will have been provided to each session. Candidates may wish to bring updated abstracts and/or handouts to their presentations.

The presentation outlines the Candidate's progress or describes the completed project, as might be prepared for a Board meeting, or a small group presentation at a Scientific Meeting.

12. Assessment of Oral Presentation

An Oral Presentation should demonstrate that the Candidate has gained significant knowledge and developed practical skills in the preparation, governance and conduct of research or evidence-informed investigation or argument; and that they can present and discuss its implications for health care delivery.

The standardised assessment rubric can be found in **Appendix 5.1 - Assessment Rubric: Oral Presentations of RTD Projects** and **Appendix 5.2 – Assessment rubric: Oral Presentation of Bio-ethical Disputation**. Note that presentation content is worth **50%** of the mark and presentation skills are worth **50%**.

An Oral Presentation is both an outline of fact in terms of project progress and a discussion of Candidate learnings concerning evidence-informed decision-making.

12.1 Content 50%

The rubric allocates 50% of the marks for content. The presentation should include the following points:

- The context and reason for selection of the research question or investigation;
- Links to current literature on the topic and relevant theories (if applicable);
- How this study will contribute to knowledge in medical administration;
- The rationale for the study method and the chosen analysis, including how this will be, or was, achieved in the time available;
- Preliminary, or final, findings;
- Conclusions if available and implications for service provision;
- The issues and challenges identified and how these are, will be, or were, overcome.

12.2 Communication technique 50%

The marks for communication skill are allocated for comprehensive and clear communication:

- The abstract is a concise description of the content of the presentation;
- The presentation relates to the abstract;
- There is a logical flow of topics: Introduction, Aims/Objectives, Methods, Results, Discussion, Conclusions, Implications, Challenges, Recommendations/Reflections;
- There is a limited number of slides (10-15 for a 15-minute presentation), without spelling mistakes, using appropriate formatting;
- Slides and videos are used purposefully as prompts, not as scripts for reading to the audience;
- Tables and charts are also purposeful – the information, comparisons or trends are easy to identify;
- The audience is engaged with eye contact;
- Questions are answered knowledgeably.

Note. Candidates wishing to present for the exit Oral Examinations in 2019 will be required to have satisfactorily completed an Oral Presentation of Research Progress prior to sitting the examination. For Oral Examinations from 2020, this will not be a pre-requisite.

Candidates performing their Oral Presentations of Research Progress in March and June 2019 to meet the eligibility requirement for the Oral Examination will be assessed according to the 2018 rubric - 30% communication and 70% for content – as outlined in past versions of the handbook).

Candidates presenting for Oral Presentations of Research Progress after September 2020 will be assessed using the 50% Content, 50% Communication format.

13. Summative activity - Written report of RTD Project

The written report of the completed project is also a summative assessment activity. It demonstrates a Candidate's scholarly ability to plan and conduct relevant data collection using an appropriate method, to analyse evidence, to draw conclusions and to present written findings to a relevant audience.

The report is expected to be approximately **1,500 - 3,000 words in length** and the submission must include a **500-1,000-word professional reflection** on learning about health services research. The final report may vary, depending on the choice of project options. Generally, it will be expected that a research project report which is 'publication-ready' will stand alone and the reflection will be separately provided. For a quality improvement project report it may be appropriate that reflection on professional management processing can be incorporated into the conclusions or recommendations.

The written report should be **submitted within a maximum of twelve months of completion of the project**, to ensure currency of its findings (as would be expected for publication-ready research, reporting to a Board or inclusion in a business case) and to allow for assessment within the timeframe for the Candidate's pathway. The written report is expected to be considered **satisfactory within a maximum of four calendar years from ethics clearance** for the Candidate to be eligible for Fellowship.

13.1 Literature review

The written report should have an adequate literature review either at the beginning to set the background for the study or in the discussion as justification for the conclusions being made.

'A literature review gives an overview of the field of inquiry: what has already been said on the topic, who the key writers are, what the prevailing theories and hypotheses are, what questions are being asked, and what methodologies and methods are appropriate and useful.'⁴ A literature review critically appraises the publications (both academic and 'grey' literature) relevant to the research investigation, both theoretical (ideas-based) or empirical (collected or observed data). The main purpose is to locate the research within the context of what is already known in the topic area, and how the investigation could contribute more knowledge to the field.

Health Services Research (HSR) is not a single-discipline research. It seeks to understand dimensions of health services from multiple perspectives. In developing a research question, trainees are expected to draw on theoretical frameworks from a variety of disciplines including medicine, nursing, allied health, psychology, sociology, political science and history, management science and health economics. It is therefore important to read widely when informing the topic area.

⁴ 'Writing a Literature Review', University of Canberra, 2012:
<http://www.canberra.edu.au/studyskills/writing/literature>

‘Literature’ can comprise books, journals, newspapers, government publications and reports, and published and unpublished theses. A handy tip is to look closely at the references in a relevant study – they may lead to useful other sources and save time in searching.

Some topics require considerable literature review in order to justify research or service questions. The review should be written as an analysis of the literature, not just a list of articles. Some Candidates may choose to undertake a systematic literature review or a disputation as their projects – these will need to follow standardised protocols such as those of the Cochrane or Campbell Collaborations.

13.2 Methodology

In Health Services Research, methods may be observational, experimental or mixed. They may be quantitative or qualitative. Thought needs to be given to the methodology most likely to be useful in answering the question.

An observational method involves observation of naturally occurring events. It will not be interventional. It could be descriptive (usually comparative) or hypothesis testing. It could be retrospective or prospective.

An experimental or quasi-experimental method involves an intervention, the effects of which are the main focus of the project. An experimental method will be prospective, hypothesis testing and not descriptive. Most evaluations are of this type, where the program or process is the “intervention” of interest.

13.3 Data collection and analysis

The method adopted will determine the data available. Data take many forms – numeric and qualitative; pictorial, database-oriented and oral – and they can be collected in a variety of ways including scientific experimentation observation, and/or questionnaires and interviews.

Data analysis is the search for meaning and understanding. Interpretation of data must relate to the rationale and objectives of the study.

For Candidates engaging in quantitative research, important concepts will include:

- Significance: the likelihood that a result could have been found by chance,
- Generalisability: the likelihood that the results will have broader applicability,
- Reliability: the capacity for another researcher to duplicate the study and achieve the same results, and the
- Validity: whether the methods, approaches and techniques relate to the issues being explored.⁵

For those engaging in qualitative research, the units of analysis tend to be words, not numbers. Terms such as ‘credibility’, ‘transferability’, ‘dependability’ and ‘confirmability’, replace the more positivist criteria of ‘validity’, ‘reliability’ and ‘objectivity’.

⁵ Charles Darwin University online resources, 23 July 2012:
<http://learnline.cdu.edu.au/myresearch/process/research.html>

Candidates will need to consider the scope of their studies - in terms of access, availability of time, availability of appropriate subjects, costs and human research ethics issues. Candidates may apply to the College Office for access to advice and guidance from Fellows with Research Training experience.

13.4 Referencing

A referencing system is used to:

- Indicate the exact source of a quotation,
- Acknowledge indebtedness for options or ideas,
- Give authority for a fact which may be open to reasonable doubt,
- Acknowledge other writers' views which, if elaborated upon in the assignment itself, might distract the reader from the mainstream of thought.

RACMA requires a standard referencing system for the Research Training Domain Written Report. It is the Candidate's responsibility to learn the referencing system and to use it consistently. Referencing is an assessment criterion, and Candidates are expected to ensure all citations and references – in-text and in the Bibliography – are correct. If incorrect referencing is identified, the Candidate will be requested to rectify and resubmit the report.

Candidates may wish to consider referencing management software to manage the search and literature review. These software packages, such as EndNote or Refman⁶ allow downloading of references from databases, documenting searches, saving and organising retrieved articles, and making changes to, and editing, references.

13.5 Plagiarism

Candidates must be vigilant in avoiding plagiarism in their studies. Any evidence of plagiarism will require Candidates to rewrite and resubmit their studies. In addition, candidacy may be considered for remediation or possibly termination. Candidates should keep track of all their sources, cite accordingly, and if in doubt, reference.

14. Assessment of Written report

The Written Report is a **summative** assessment task. Candidate's Preceptors and Supervisors (or Supervisors for Research) will sign that they have been involved in advising Candidates on the written document's readiness for submission for assessment. Candidates should discuss with them well in advance and agree to the amount of time that will be required to read the Written Report. Candidates also need to be aware that adjustments that may be required following feedback, may take time.

Written reports should be submitted via the e-Learning portal. The written report is assessed by RTD assessors (experienced researchers who are members of the Board of Censors) using the standardised rubrics at **Appendices 6.1 Research and 6.2 Bio-ethical disputation**. Note that the written report has **70%** of its marks allocated to content and **30%** to formatting.

Candidates' reports are assessed as 'satisfactory' or 'unsatisfactory'. Candidates are given feedback and allowed to re-submit their papers if they have been unsatisfactory.

⁶ <http://endnote.com/>; <http://www.refman.com/>

Candidates may wish to use the following checklist to address the completeness of their written reports.

14.1 Content 70%

Title:

Does it clearly describe the nature of the investigation?

Abstract:

Does it accurately summarise the main aims, research question, methods, results, conclusions and recommendations?

Introduction:

- Is there a clear statement of the context, problem, issue or research question?
- Is the rationale or the background for the study based on published literature or a need for research on the issue?

Aims and objectives:

- Are the aims and objectives clearly stated and do the objectives logically follow on from the overall aim?
- Do the aims and objectives clearly reflect the stated problem or issue, background and rationale?
- Is the Candidate clear about the intended outcomes of the Study?

Literature review:

- Has the Candidate carried out a literature search of adequate depth and scope?
- Does it include a review of both past and current scholarship?
- Is there a variety of sources other than journal literature?
- Does the depth of search reflect adequate time spent on research?
- Is the review relevant to the issue being studied and the aims and objectives of the Study?
- Is the text correctly and appropriately referenced?

Methods:

Is there a clear description of the:

- Conduct of the study
- Study and sample populations
- Sampling method and number
- Sample inclusion and exclusion criteria
- Survey instrument/s or intervention

Data collection:

- Source and features of the data set that was analysed
- Does the survey instrument, questionnaire or intervention (if developed by the Candidate) show original thinking?
- Is the survey instrument or intervention (if not developed by the Candidate) a published or validated one?

- Is the form of data analysis appropriate to the method?
- Has the conduct of the Case Study addressed ethical considerations and followed sound research ethics processes?
- Are there appropriate subject information statements and consent forms if relevant?
- Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

Analysis:

- Method of the analysis
- Statistical tests that were used?

Results:

- Do the results logically reflect the method used and the stated aims and objectives of the Study?

Discussion:

- Does the Candidate give an accurate interpretation of the findings and implications of the results?
- Are the results discussed in relation to the literature the Candidate has searched and reviewed?
- Does the Candidate compare their results and interpretation with other relevant studies?
- Are the results discussed in relation to the stated problem, research question, aims and objectives of the Study?
- Does the Candidate reflect on and discuss any limitations or constraints of the study?

Conclusions:

- Are the key results, interpretations/ implications of the results accurately summarised?
- Do the conclusions accurately reflect the results and interpretation of the data?

Recommendations:

- Does the Candidate make recommendations in relation to future research or actions as a result of the study?
- Are the recommendations feasible and relevant to the issue that was studied?

14.2 Format 30%

- Does the Candidate employ a consistent and high level of writing, grammar, spelling and punctuation?
- Is the citation and referencing style accurate and consistent?
- Has the Candidate avoided plagiarism and excessive quoting?
- Are all non-original tables, statistics and figures' sources correctly acknowledged?
- Are all cited sources listed in the bibliography?
- Are all relevant questionnaires, letters and ethics approvals appended?

See **Appendices 6.1 and 6.2** for the rubrics for assessment of the final written report.

15 Recognition of prior learning or experience

Candidates may apply for recognition of previous learning or experience in **health services research** or **evidence-informed decision-making** in health management (usually at the beginning of their candidacies).

Exemptions from components of the program may be granted for applications which demonstrate:

- Consistent and comprehensive application of a scholarly approach to decision-making in health service management or medical administration over several years;
- Formal qualifications at AQF Level 9 or above in health services research; or
- Publication/s in relevant health management journals or for health organisations' governance situations

Investigative study/ies:

- should be at Master's degree level (or equivalent) or above;
- should have been completed/published in the previous 5 years;
- should have the Candidate as sole/first author or a lead investigator;
- should be directly relevant to health service management or medical administration;
- should demonstrate a satisfactory knowledge of the research process:
 - formulation of robust research questions and study design;
 - conduct of literature reviews in relevant and reputable source materials;
 - sound data-gathering methodologies;
 - relevant and technically correct analysis of results;
 - arguing a convincing position based on the results;
 - drawing meaningful conclusions; and
 - outlining implications for health care.

Exemptions and credit may be granted for:

- ☐ Research Methods subject in Master's degree studies
- ☐ Research Proposal
- ☐ HREC review
- ☐ Project conduct
- ☐ Written report of project outcomes

The Oral Presentation of progress in, or completion of, an evidence-informed decision-making/research project or case study will be mandatory for all Candidates unless full exemption from activities in the Domain have been granted.

Candidates in the Medical Executive pathway who are presenting a management case study are required to address evidence-informed decision-making.

Candidates whose publications have been credited will be required to present on the credited study or the component of their work which is identified for summative assessment, at their Oral Presentations of Project Progress.

See **Appendix 7 Application for credit in the Research Training Domain**.

16 Appeals process

Should a Candidate wish to seek reconsideration or review of the Panel's and/or Censors' decisions, they may make such application under the College's [Policy for Reconsideration, Review and Appeal of Decisions](#). College Policies and Regulations are available on the College website.

17 Research Training Domain Support

Candidates will have access to support and advice on their development and progress through the RTD.

17.1 Preceptors and supervisors

Preceptors and Supervisors will provide ongoing guidance and support. This includes:

- Consultation regarding Research or scholarly Quality Improvement Project, Ethics application and Report writing,
- Feedback, and
- Advice on matters of presentation and submission

If not experienced themselves, they may suggest other people at the workplace who can assist with advising Candidates on research activities. Candidates undertaking projects concurrently with Master's study may find that their University tutors are willing to supervise and advise.

The Supervisor or Preceptor must sign the Cover sheets of RTD Assessment Tasks and Written Work before submission for assessment. This endorsement states that the Preceptor has been involved in reviewing the research project.

17.2 College staff

Candidates will be able to seek advice on the development of their research questions and projects from members of the RTD Committee. Assistance and advice from the College Office staff will be provided in relation to the assessment process, submission of tasks and eligibility to sit the Oral Presentation.

17.3 College webinars

The College will schedule monthly RTD webinars to provide Candidates with a forum to discuss RTD project related issues and seek advice on the RTD project and the development of their Ethics Application Forms. These teleconferences are open to Supervisors and Preceptors and are facilitated by the Lead Fellow in Research, the Dean or their delegates. These meetings are designed to provide general guidance on research projects, presentations and the journey being taken towards becoming a scholarly medical administrator.

17.4 Research advisors

The College will identify a number of College Fellows and external experts with knowledge in certain aspects of Health Services Research. These experts will be invited to participate in workshops and webinars throughout the RTD activities. Candidates are also encouraged to discuss their Research Projects with academics during their Masters programs for additional support.

Candidates may also approach colleagues or peers to assist them, for example, to discuss a research topic, to gain permission to access data, or to share sources of literature. When a Candidate receives significant assistance and this is incorporated in their Research Based Written Paper such person/s must be acknowledged by the Candidate.

18 Resources

Literature review:

'Getting Started on your Literature Review', The Learning Centre, University of New South Wales, 2012: <http://www.lc.unsw.edu.au/onlib/litrev.html>

Greenhalgh, T. 'How to read a paper: papers that summarise other papers (systematic reviews and meta-analyses)' *BMJ* 315: 672, 1997.

Health Services Research PubMed Queries: <https://www.nlm.nih.gov/hsrph.html>

Lancey, A. 'Evidence based medicine: searching the medical literature Part 1', *Southern Soudan Medical Journal*, 1, 2010.

'Literature review', RMIT, 2013: <http://www.rmit.edu.au/browse;ID=cdb4z3x5a44k>

'Literature Review Tutorial', Central Queensland University Library, 2012: <http://libguides.library.cqu.edu.au/litreview>

'Writing a Literature Review', The University of Canberra, 2012: <http://www.canberra.edu.au/studyskills/writing/literature>

Research methodology:

Alvesson, M. 'Methodology for close up studies – struggling with closeness and closure', *Higher Education*, 46: 167-193, 2003.

Alvesson, M. and Skoldberg, K. *Reflexive Methodology: New Vistas for Qualitative Research*, London: Sage, 2009.

'Assessing the Credibility of Online Sources', The Write Place and LEO, St Cloud State University (MN), 2005: <http://leo.stcloudstate.edu/research/credibility1.html>

Aveyard, H. and Sharp, P. *A Beginner's Guide to Evidence Based Practice in Health and Social Care*, UK: Open University Press, 2009.

Bell, J. and Opie, C. *Learning from Research: Getting more from your data*, Buckingham: Open University Press, 2002.

Bergman, M. *Advances in mixed methods research: theories and applications*, Los Angeles: Sage, 2008.

Bowling, A. *Research Methods in Health: Investigation Health and Health Services*, Maidenhead: Open University Press, 2002.

Burford, B. et al (2009): Asking the right questions: 12 tips on developing and administering a questionnaire survey for healthcare professionals. *Medical Teacher* 31: 207-211
Burns, R. Introduction to research methods. Frenchs Forest: Pearson Education, 2000.

Campbell M et al. (2000) Framework for design and evaluation of complex interventions to improve health. *BMJ* 321: 694-6.

Casarett D., Karlawish J.H.T. and Sugarman, J. 'Determining When Quality Improvement Initiatives Should Be Considered Research' *JAMA* 283: 2275-80, 2000.

'Critical Appraisal Skills Programme', Solutions for Public Health, 2010: <http://bit.ly/cKli9b>

Crombie, I. K. and Davies, H. T. O. *Research in Health Care: Design, Conduct and Interpretation of Health Services Research*, Wiley, 1996.

Equator Network, 'Guidelines for reporting qualitative research', 2012: <http://bit.ly/XCCiVZ>

Greenfield, T. *Research methods for postgraduates*, London: Arnold, 2002.

Health Services Research (HSR) Methods: <http://www.hsrmethods.org/>

Kumar, R. *Research methodology: a step-by-step guide for beginners*, Frenchs Forest: Pearson Longman, 2011.

Kvale, S and Brinkmann, S. *Interviews: Learning the Craft of Qualitative Research Interviewing*, Thousand Oaks: Sage, 2008.

Lohr, K. N. and Steinwachs, D. M. 'Health services research: an evolving definition of the field', *Health Serv Res*, 37:1, 7-9, 2002.

Liamputtong, P. and Ezzy, D. *Qualitative research methods*, Melbourne: Oxford University Press, 2009.

McNeil, D. *Epidemiological research methods*, New York: John Wiley, 1996.

Petrie, A. and Sabin, C. *Medical Statistics at a Glance*, Wiley-Blackwell, 2009.

Pope, C. and Mays, N. (eds) *Qualitative Research in Health Care*, Wiley-Blackwell, 2006.

Richardson, W. S. et al. 'The well-built clinical question: a key to evidence-based decisions', *ACP Journal Club*, 123:3, A12-A13, 1995.

Research process flowchart for medical studies, RD Direct, University of Leeds, 2009: <http://rdinfo.leeds.ac.uk/Newsletter/Handout.pdf>

'The Cochrane Library', Cochrane Collaboration, 2010:
<http://www.thecochranelibrary.com/view/0/index.html>
Thomas, M. Blending qualitative and quantitative research methods in theses and dissertations, Thousand Oaks, CA: Corwin Press, 2003.

Ethics:

Coughlin, S. S. 'Ethical issues in epidemiologic research and public health practice', *Emerging Themes in Epidemiology*, 2006: <http://www.ete-online.com/content/pdf/1742-7622-3-16.pdf>

Human Research Ethics Application (HREA): <https://hrea.gov.au/>

NHMRC, 'National Statement on Ethical Conduct in Human Research 2007 - Updated 2009', 2013: <http://www.nhmrc.gov.au/publications/synopses/e72syn.htm>

NHMRC, Ethical aspects of qualitative methods in health research - Report of the Australian Health Ethics Committee. Canberra: AGPS, 1994.

NHMRC, Report on ethics in epidemiological research. Canberra: AGPS, 1985.

Writing:

Anderson J. *Assignment & Thesis Writing* (4th edition), Brisbane: John Wiley & Sons, 2001.

'Resources', Australasian Medical Writers Association, 2011: <http://www.medicalwriters.org/>

Stuart, M. (ed.) *The Complete Guide to Medical Writing*, UK: Pharmaceutical Press, 2007.

Referencing:

'Harvard Referencing', The Learning Centre, University of New South Wales, 2012: <http://www.lc.unsw.edu.au/onlib/ref.html>

'Harvard Referencing for Electronic Sources', The Learning Centre, University of New South Wales, 2012: http://www.lc.unsw.edu.au/onlib/ref_elec.html

'Avoiding Plagiarism', The Learning Centre, University of New South Wales, 2012: <http://www.lc.unsw.edu.au/onlib/plag.html>

Relevant Journals (ranked by Impact Factor)

Medical Care Research and Review, Impact Factor 2.959 - Research in health care services: <http://www.sagepub.com/journals/Journal200970>

BMC Medical Research Methodology, Impact Factor 2.67: <http://www.biomedcentral.com/bmcmedresmethodol/>

Health Services Research, Impact Factor: 2.293 - Inform efforts to improve efficiency and value: <http://www.hsr.org/>

Health Care Management Review, Impact Factor 1.23 - Research on health care management, leadership and administration: <http://journals.lww.com/hcmrjournal/Pages/default.aspx>
BMC Health Services Research, Impact Factor 1.72 - <http://www.biomedcentral.com/bmchealthservres>

Journal of Health Services Research and Policy, Impact Factor 1.453 - Exploring the ideas, policies and decisions shaping health services worldwide: <http://jhsrp.rsmjournals.com/>

Australian Health Review, Impact Factor 0.545 - National and international health issues and questions: <http://www.publish.csiro.au/nid/270/aid/13680.htm>

Health Services Management Research, No impact factor: <http://www.hsmr.rsmjournals.com/>

Asia Pacific Journal of Health Management, No impact factor: <http://www.springer.com/business+%26+management/business+for+professionals/journal/10490>

General:

Berglund, C. A. (ed.) *Health Research*, South Melbourne: Oxford University Press, 2001.

Blaxter, L. et al. *How to research*, Buckingham: Open University Press, 2001.

Bouma, G. and Ling, R. *The research process*, South Melbourne: Oxford University Press, 2004.
Gerring, J. *Case Study Research: Principles and Practices*, Cambridge: Cambridge University Press, 2007.

Handbook of Health Services Research: <http://tinyurl.com/ab4yzs3>

Health Services Research Association Australia and New Zealand (HSRAANZ): <http://www.hsraanz.org>

Institute of Medicine, *Health Services Research: Workforce and Educational Issues*. Washington, DC: National Academy Press, 1995: http://www.nap.edu/openbook.php?record_id=5020&page=R1

National Information Center on Health Services Research and Health Care Technology: <http://www.nlm.nih.gov/nichsr/>

Meloy, J.M. *Writing the qualitative dissertation: understanding by doing*, N.J.: Lawrence Erlbaum, 2002.

Moja, L. P. et al. 'Compliance of clinical trial registries with the World Health Organization minimum data set: a survey', *Trials*, 10: 56, 2009.

'Patient and Public Involvement', National Institute for Health and Clinical Excellence, 2010: <http://bit.ly/8IM45S>

Polgar, S. and Thomas, S.A. *Introduction to Research in the Health Sciences*, Sydney: Churchill Livingston Elsevier, 2008.

Porta, M. and Last, J. M. *A Dictionary of Epidemiology* (5th edition), New York: Oxford University Press, 2008.

'Service User Involvement: Best Practice Guide', Service User Involvement: <http://www.serviceuserinvolvement.co.uk>

Steinwachs, D.M. 'Health Services Research: Its Scope and Significance', in P. Forman (ed.) *Promoting Health Services Research in Academic Health Centers*, Washington, DC: Association of Academic Health Centers, 23-72, 1991.

Stewart, D. et al. *Focus groups: theory and practise*, Thousand Oaks: Sage, 2007.

White, K.L. *Health Services Research: An Anthology*, Washington, DC: Pan American Health Organization, 1992.

University of New South Wales, *Project Guidelines*, School of Public Health and Community Medicine, Faculty of Medicine, 2010: <http://bit.ly/1278dq0>

Uwe, F. *An introduction to qualitative research*, London: Sage, 2006.

APPENDICES



Appendix I Cover Sheet

ASSESSMENT TASK COVER SHEET

CANDIDATE NAME:

CANDIDATE EMAIL:

TRAINING COMMENCEMENT YEAR: **STUDY STATUS (FT/PT):**

PRECEPTOR/SUPERVISOR/RTD SUPERVISOR'S NAME:

WORD COUNT..... (Please refer to guidelines for required number of words)

DATE SUBMITTED:

Fellowship Training Program Written Assessment Tasks:

- | | |
|---|---|
| <input type="checkbox"/> Indigenous Health Webinar Assessment Task | |
| <input type="checkbox"/> Research Training Domain Proposal | |
| <input type="checkbox"/> Ethics consideration statement or Application Approval (if required) | |
| <input type="checkbox"/> Abstract for Oral Presentation | |
| <input type="checkbox"/> Research Training Domain Report | <input type="checkbox"/> Re-submission of RTD Report |
| <input type="checkbox"/> Management Case Study Proposal | <input type="checkbox"/> Management Case Study Paper |
| <input type="checkbox"/> Management Case Study Abstract | <input type="checkbox"/> Resubmission - Management Case Study Paper |

DECLARATIONS:

'I hereby declare that the intellectual content of this submission is the product of my own work, even though I may have received assistance from others in style, presentation and linguistic expression. Where necessary, permission has been granted by my supervisor/employer to use confidential information from my workplace.'

SIGNED:(Candidate) **DATE:**

'I confirm that I have been engaged in the development of and discussions with the Candidate on this piece of work. I acknowledge that I have read this piece of work and advised on its readiness for assessment by markers.'

SIGNED: (Preceptor/Supervisor) **DATE:**



**RESEARCH TRAINING DOMAIN
PROPOSAL APPLICATION AND ENDORSEMENT FORM**

1. Candidate details:

Candidate : _____ Candidate Email: _____

Preceptor/RTD Supervisor: _____

2. Research Training Domain Project option:

Please indicate which of the following options you have undertaken for completing your RTD project:

- | | |
|---|---|
| <input type="checkbox"/> Health services research | <input type="checkbox"/> Quality management project |
| <input type="checkbox"/> Systematic literature review | <input type="checkbox"/> Bio-ethical disputation |

3. Title of RTD project:

- ☐ Attach 1,000-word project proposal

4. Human research ethics statement

- ☐ Ethics application not required ☐ Ethics application and approval attached

5. Feedback and Endorsement

Following a review of your RTD Project Proposal, I endorse that your proposed/completed Project is health services related and it meets RACMA requirements. It is this proposal which will be acceptable for summative assessment at the Oral Presentation and/or for your final written paper. Feedback attached (if relevant).

RTD Assessor Member:

Name: _____

Signature: _____ Date: _____

Appendix 3 Feedback on Health Service Research Training Domain proposal if relevant

DETAILED FEEDBACK FORM FOR RTD PROJECT PROPOSAL

NOTE: Candidates may use this form as a guide in their preparation when developing their RTD Proposals.

Candidate.....

Title of Proposal: Word Count:

Option for project: ☐ Health services research ☐ Quality management project
☐ Systematic literature review ☐ Bio-ethical disputation

| Assessment Criteria | Excellent | Good | Average | Poor |
|--|--|--|---|---|
| 1. Design an evidence-informed project: | In your RTD Proposal, you: | In your RTD Proposal, you: | In your RTD, you: | In your RTD proposal, you: |
| • links to theories and literature; | • drew on a relevant selection of a wide range of theories and research literature to situate your project within the relevant literature , and inform your RTD project and design | • drew on a wide selection of relevant theories and research literature to inform your RTD focus and design | • paraphrased a number of relevant theories and research literature and related these to your RTD focus and design | • mentioned some relevant theories and research literature and how these related to your study topic |
| • methods of investigation and analysis | • explicitly justified in detail your choice and use of investigatory methods, methodology and analysis techniques (in terms of, e.g. relevance, rigour, reliability) | • justified in some detail your choice and use of your methods, methodology and analysis techniques, (in terms of, e.g. relevance, rigour, reliability) | • described your choice and use of study methods, methodology and analysis techniques (in terms of, e.g. relevance, rigour, reliability) | • listed and partially described your choice and use of methods, methodology and analysis techniques |
| • scope, limitations and ethical challenges | • explicitly identified and comprehensively considered the scope, limitations and challenges in conducting your project | • identified and described most of the scope, limitations and challenges in conducting your project | • identified and described some of the scope, limitations and challenges in conducting your project | • listed a few of the scope, limitations and challenges in conducting your project |
| offers new evidence to the field of Medical Administration | explicitly identified and comprehensively considered potential to generate new evidence in the discipline of Medical Administration | • identified potential for evidence in the discipline of Medical Administration | • identified some potential for evidence in the discipline of Medical Administration | • no potential for evidence in the discipline of Medical Administration identified. |
| 2. Scholarly communication | In your RTD Proposal, you: | In your RTD Proposal, you: | In your RTD Proposal, you: | In your RTD Proposal, you: |
| | • Expressed ideas that were: • logically structured throughout the work; • clear and concise throughout the work | • Expressed ideas that were: • logically structured throughout most of the work; • clear and concise throughout most of the work | • Expressed ideas that were: • logically structured in parts of the work • clear in parts of the work | • Expressed ideas that partially conveyed meaning to the reader |
| | • employed an extensive, correct and relevant discipline specific vocabulary | • employed an extensive and relevant discipline specific vocabulary with only minor mistakes and/or inconsistencies | • employed discipline specific vocabulary with occasional misinterpretation of terms and/or inconsistent use of these | • used some discipline-specific vocabulary and/or used this incorrectly , affecting the reader's interpretation of the document |
| | • used referencing to explore and provide additional or analogous ideas for the reader, while strictly adhering to a referencing convention | • strictly adhered to a referencing convention | • followed a referencing system with some minor errors | • cited some sources using an inconsistent system of referencing |

*RACMA Enabling Competencies 10.7; 10.8; 13.1; 13.3; 13.4; 19.1; 19.3; 19.4; 20.1; 20.4; 21.1; 21.2; 21.3; 21.4; 21.5; 21.6; 21.7

FURTHER FEEDBACK TO CANDIDATE:

Assessor's Name: _____

Assessor's Signature: _____

Date: _____

Appendix 4 Abstract for Oral Presentation of RTD Progress/Evidence-informed Management Case Study

RESEARCH TRAINING DOMAIN Oral Presentation Application & Abstract Form

| | | |
|---|------------------------------|------------------------------|
| Candidate Name | Click here to enter text. | |
| Preceptor/Supervisor Name | Click here to enter text. | |
| Commencement Year | Click here to enter text. | |
| Study Status (FT/PT) | F/T <input type="checkbox"/> | P/T <input type="checkbox"/> |
| College endorsed RTD/Management Case study Proposal (Y/N) | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Ethics approval needed (Y/N) | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Ethics Approval Letter Uploaded (Y/N) (Still select/tick "Y" if you intend to upload it within 48 hours of uploading your abstract, but have not yet done so). | Y <input type="checkbox"/> | N* <input type="checkbox"/> |
| * If "N" (you are not able to provide a copy of your Ethics Approval Letter), please give your reason. | Click here to enter text. | |

| | |
|--|--|
| Title of Presentation | |
| | |
| Option for project: <input type="checkbox"/> Health services research <input type="checkbox"/> Quality management project <input type="checkbox"/> Systematic literature review <input type="checkbox"/> Bio-ethical disputation | |
| Abstract | |
| Provide an abstract of 250 – 300 words of your In Progress / Completed project | |
| | |

Appendix 5.1 Oral Presentation rubric - research

RESEARCH TRAINING DOMAIN ORAL PRESENTATION ASSESSMENT RUBRIC 50% Content, 50% Communication

Candidate..... Title of Proposal: Date:

Option for project: ☐ Health services research ☐ Quality management project ☐ Systematic literature review

5.1 RTD rubric – project in progress or completed – 50% content, 50% communication

| Dimension | 1-2 | 3 | 4 | 5 | Score |
|--|--|---|--|--|-------|
| Designed an evidence-informed project relevant to Medical Administration, with background and hypothesis | Mentioned some relevant theories and literature and related to study topic | Paraphrased a number of relevant theories and literature and related to study focus and design | Drew on relevant selection of range of theories and relevant literature to inform focus and design | Drew on relevant selection of a range of theories and relevant literature to situate investigative focus and design | / 5 |
| Research method Ethics consideration | Listed and partially described choice and use of methodology and analysis techniques Did not mention human research ethics issues | Described adequately choice and use of methodology and analysis techniques (relevance, reliability) Considered ethical issues and described outcomes | Justified in some detail choice and use of method and analysis techniques (relevance, rigour, reliability) Considered ethical issues and described rationale | Explicitly justified in detail choice and use of methodology and analysis techniques (relevance, rigour, reliability) Considered ethical issues and described rationale Finalised and identified actions for ethics endorsement | / 5 |
| Dimension | 1-4 | 5 | 6-7 | 8-10 | |
| Data collation Analysis | Collating information that will be inadequate for relevant analysis | Collating/collated adequate data | Collating/collated relevant data Minor mistakes in application of analysis techniques | Collating/collated relevant and accurate data Analysis correctly planned | /10 |
| Dimension | 1-2 | 3 | 4 | 5 | Score |
| Discussion of (preliminary) findings, conclusions | Did not comment on findings Drew incorrect conclusions | Commented on findings | Discussed findings | Discussed potential strengths and weaknesses in project, related to findings | / 5 |
| Abstract | Inadequate description of project | Adequate summary of highlights of project but outside word limit | Good summary of project, included aims, methodology, findings and conclusions, outside word limit | Comprehensive summary of project, within word limit (250-300 words) | / 5 |
| Dimension | 1-4 | 5 | 6-7 | 8-10 | |
| Formatting for presentation | Poorly organised Incorrect referencing | Grammatical and/or language mistakes leading to some confusion Some variation in standard approach to presentation outline Referencing occasionally incorrect | Minor mistakes in language, grammar or referencing Tables and graphs clear Language and text on slides appropriate Organised according to standard approach to report outlining | Organised according to expected standards Employed extensive, correct and relevant discipline specific vocabulary. Correct grammar and language for oral presentation Appropriate number of slides, readable Tables and graphs labelled to indicate trending, highlights of evidence Timing appropriate | /10 |
| RTD reflection | Commented only on ethics committee issues | Commented on human ethics committee difficulties and plans for future work | Commented on investigatory challenges encountered and some changes for future studies | Reflected on strengths of process, scope, limitations and ethical challenges, with plans for future studies | /10 |
| | The overall score must reach 60% for the assessment to be satisfactory | | | Total | /50 |

Appendix 5.2 Oral presentation bioethical disputation

RESEARCH TRAINING DOMAIN ORAL PRESENTATION ASSESSMENT RUBRIC 50% Content, 50% Communication

Candidate.....

Date:

Title of Proposal:

| Dimension | 1-2 | 3 | 4 | 5 | Score |
|---|--|---|--|---|-------|
| Introduction - case study or incident with a bio-ethical dilemma and statement of core belief | Case is not a bio-ethical medical administrative practice problem | Statement is very broad with little justification Subject has simple legal implications related to medical administrative practice | Subject is substantially related to medical administrative practice and requires consideration of balance and judgment by individual practitioners | Subject is of significant importance to medical administrative practice as it requires development of system-wide thinking | / 5 |
| Objections to your perspective | Objections are not well thought through or presented with little recognition of an alternate perspective | Objections presented are reasonable but do not address all arguments or evidence presented | Objections are well presented and most counterarguments have been considered | Objections are clearly presented and have addressed all arguments put forward with supporting evidence | / 5 |
| Appeal to authority re ethical considerations | Authoritative proposition provided is weak and offers minimal support to your position | Authoritative proposition provided is generally sound. | Authoritative proposition provided is well presented and provides strong academic or intellectual support for your proposition | Authoritative proposition provided is well presented and provides strong academic and intellectual support for your proposition | / 5 |
| Evaluation/discussion of balance | There is poor discussion on your position with respect to the objections and how they fit with your argument | Discussion on integrating the objections with your answer is limited | Most objections are adequately integrated into the answer | All objections are integrated with the answer by either explaining/ resolving them, showing they don't contradict your view or demonstrating they are false or a misunderstanding | / 5 |
| Reflection of ethical self-awareness | Limited personal reflection related to the project | Some reflection with attempts to incorporate what was experienced in into future practice | Clear reflection with good discussion of personal contribution and gaps with some commentary on changes in practice | Deep reflection with discussion of personal contribution and gaps and discussion on what has changed in terms of personal beliefs, values, views or opinions | /5 |
| Abstract | Inadequate description of project | Adequate summary of highlights of project but outside word limit | Good summary of project, included aims, methodology, findings and conclusions, slightly outside word limit | Comprehensive summary of project, within word limit (250-300 words) | / 10 |
| Formatting for oral presentation | Poorly organised | Some variation in standard approach to presentation Grammatical and/or language mistakes leading to some confusion Referencing occasionally incorrect | Organised according to simple approach to committee reporting Minor mistakes in language, grammar Tables and graphs clear | Organised according to expected standards of executive-level reporting Tables and graphs clear | /10 |
| Referencing and bibliography | Incorrect referencing | Occasional incorrect formatting | Correct formatting, occasional incorrect correlation | Consistent formatting and correlation | /5 |
| | The overall score must reach 60% for the assessment to be satisfactory | | Total | | /50 |

Further Feedback to Candidate:

RTD Assessor's Name: _____

RTD Assessor's Signature: _____

Date: _____

Appendix 6.1 Written report of RTD Project Assessment rubric

RESEARCH TRAINING DOMAIN WRITTEN REPORT ASSESSMENT RUBRIC 70% Content, 30% Communication

Candidate:

Word Count:

Submission date:

Title of Paper:

Project option: ☐ Health services research ☐ Quality management project
☐ Systematic literature review

| Dimension | 1-2 | 3 | 4 | 5 | Score |
|--|--|---|--|---|-------|
| Designed an investigatory project relevant to Medical Administration Developed appropriate background and hypothesis | Mentioned some relevant theories and literature and related to study topic | Drew on a limited number of relevant theories and literature and related to study focus and design | Drew on relevant selection of a range of theories and relevant literature to inform study focus and design | Drew on relevant selection of a range of theories and relevant literature to situate study focus and design | / 5 |
| Methodology method | Listed and partially described choice and use of methodology and analysis techniques | Described adequately choice and use of methodology and analysis techniques (relevance, rigour, reliability) | Justified in some detail choice and use of method and analysis techniques (relevance, rigour, reliability) | Explicitly justified in detail choice and use of methodology and analysis techniques (relevance, rigour, reliability) | / 5 |
| Data collation | Collated inadequate data for relevant analysis | Collated some irrelevant data | Collated relevant data | Collated relevant and accurate data | / 5 |
| Analysis | Descriptive data not valid for analysis | Some mistakes in interpretation | Minor mistakes in application of analysis techniques | Analysed correctly | / 5 |
| Discussion/Interpretation | Did not comment on findings | Commented on findings | Made comments on findings and related to literature | Discussed strengths and weaknesses in project, related to literature | / 5 |
| Conclusion | Drew incorrect conclusions | Drew some conclusions substantiated by evidence from study | Drew relevant conclusions substantiated by aspects of evidence | Drew valid conclusions from evidence in study, Made recommendations | / 5 |
| Research reflection | Commented only on ethics committee issues | Commented on human ethics committee difficulties and plans for future work | Commented on all difficulties encountered and some changes for future studies | Commented on strengths of process, scope, limitations and ethical challenges, with plans for future study | /5 |
| Abstract | Inadequate description of project | Adequate summary of highlights of project but outside word limit | Good summary of project, included aims, methodology, findings and conclusions, slightly outside word limit | Comprehensive summary of project, within word limit (250-300 words) | / 5 |
| Formatting for written report-writing | Poorly organised | Some variation in standard approach to presentation outline Grammatical and/or language mistakes leading to some confusion Referencing occasionally incorrect | Organised according to standard approach to report writing Minor mistakes in language, grammar Tables and graphs clear | Organised according to expected standards of publication-ready reporting Tables and graphs clear | /5 |
| Referencing and bibliography | Incorrect referencing | Occasional incorrect formatting | Correct formatting, occasional incorrect correlation | Consistent formatting and correlation | /5 |
| | The overall score must reach 60% for the assessment to be satisfactory | | | Total | /50 |

Appendix 6.2 Written report Assessment rubric Bio-ethical disputation

RESEARCH TRAINING DOMAIN WRITTEN REPORT ASSESSMENT RUBRIC 70% Content, 30% Communication

Candidate: Word Count: Submission date:

Title of Paper:

| Dimension | 1-2 | 3 | 4 | 5 | Score |
|--|--|---|--|--|-------|
| Introduction - case study or incident with a bio-ethical dilemma | Case is not a bio-ethical medical administrative practice problem | Subject has simple legal implications related to medical administrative practice | Subject is substantially related to medical administrative practice and requires consideration of balance and judgment by individual practitioners | Subject is of significant importance to medical administrative practice as it requires development of system-wide thinking | / 5 |
| Statement of core belief | Statement is not a bio-ethical dilemma | Statement is very broad with little justification | Statement relates to only system or only individual practitioner decision-making, with references if relevant | Statement identifies system and individualised positions with references if relevant | /5 |
| Objections to your perspective | Objections are not well thought through or presented with little recognition of an alternate perspective | Objections presented are reasonable but do not address all arguments or evidence presented | Objections are well presented and most counterarguments have been considered | Objections are clearly presented and have addressed all arguments put forward with supporting evidence | / 5 |
| Appeal to authority | Authoritative proposition provided is weak and offers minimal support to your position | Authoritative proposition provided is generally sound and well presented | Authoritative proposition provided is well presented and provides strong academic or intellectual support for your proposition | Authoritative proposition provided is well presented and provides strong academic and intellectual support for your proposition | / 5 |
| Recognition of ethical concepts | A clear and concise answer to the question is not provided or supported by good arguments | The question is answered but the answer has not logically flowed from the arguments presented | The answer substantially flows from the arguments presented | The answer that flows clearly and logically from the arguments presented | / 5 |
| Evaluation/ discussion of balance | There is poor discussion on your position with respect to the objections and how they fit with your argument | Discussion on integrating the objections with your answer is limited | Most objections are adequately integrated into the answer | All objections are integrated with the answer | / 5 |
| Reflection of ethical self-awareness | Limited personal reflection related to the project | Some reflection with attempts to incorporate what was experienced in into future practice | Clear reflection with good discussion of personal contribution and gaps with some commentary on changes in practice | Deep reflection with discussion of personal contribution and gaps and discussion on what has changed in terms of personal beliefs, values, views or opinions | /5 |
| Abstract | Inadequate description of project | Adequate summary of highlights of project but outside word limit | Good summary of project, included arguments and conclusion, slightly outside word limit | Comprehensive summary of project, within word limit (250-300 words) | / 5 |
| Formatting for written report-writing | Poorly organised | Some variation in standard approach to presentation outline Grammatical and/or language mistakes leading to some confusion Referencing occasionally incorrect | Organised according to standard approach to report writing Minor mistakes in language, grammar Tables and graphs clear | Organised according to expected standards of publication-ready reporting Tables and graphs clear | /5 |
| Referencing and/or bibliography | Incorrect referencing | Occasional incorrect formatting Outside word limit | Correct formatting, occasional incorrect correlation Within word limit (1500 words) | Within word limit (1500 words) Consistent formatting and correlation | /5 |
| | The overall score must reach 60% for the assessment to be satisfactory | | Total | | /50 |

Further Feedback to Candidate:

RTD Assessor's Name: _____

RTD Assessor's Signature: _____

Date: _____

Appendix 7 Credit application form

RESEARCH TRAINING DOMAIN CREDIT APPLICATION FORM

1. Candidate details

Candidate: _____ Preceptor: _____

Candidate email: _____ Candidate telephone number _____

2. Qualification and study details

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

- ☐ Health service/health systems publications or reports
- ☐ Masters in health services evaluation by Research
- ☐ PhD in health service/health systems
- ☐ Post-doctoral Research Project
- ☐ Other evidence-informed project/publications (Specify):

3. Title of thesis/research project/s:

University (if applicable): _____ Year awarded (if applicable): _____

If published, please give details of title, publisher and year and attach relevant publications:

4. 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 contributed knowledge to the field of medical administration. Provide copies of abstracts or publications if relevant.

5. Recognition sought:

Please indicate the tasks in the Research Training Domain for which you are seeking credit/exemption:

- ☐ Research methods subjects in Master's Degree studies
- ☐ RTD proposal
- ☐ Ethics application
- ☐ RTD project
- ☐ RTD written report

6. CREDIT ASSESSMENT

The Candidate has demonstrated the following:

- ☐ Previous study is at Master's degree level or above
- ☐ Previous study was completed/published in the previous five years and the Candidate is the sole/first author or a lead investigator
- ☐ If an article, the study is published in a peer-reviewed journal relevant to HSR, and the Candidate is the sole or first author/investigator
- ☐ The study/report is directly relevant to medical management and HSR
- ☐ The study has contributed knowledge to the field of medical administration
- ☐ The study demonstrates a satisfactory knowledge of the scholarly process: formulating robust investigatory question and research design; conducting literature reviews in relevant and reputable source materials; sound data-gathering methodologies; and relevant and technically correct analysis of results; arguing a convincing position based on the results; drawing meaningful conclusions; and outlining implications for health care.

Award of Credit

Candidate is awarded credit for:

- ☐ Research methods subjects in Master's Degree studies
- ☐ RTD proposal
- ☐ Ethics application
- ☐ RTD project
- ☐ RTD written report

If 'no' Specify reasons (tick all that apply):

- ☐ Topic/study not relevant to Medical Administration and/or HSR
- ☐ Applicant is not sufficiently leading author or investigator of topic/study
- ☐ Topic/study not adequately in-depth or academically rigorous
- ☐ Topic does not make a contribution to knowledge
- ☐ Other (please specify):

Suggested topic/paper for summative assessment at Oral Presentation and Written Report:

PANEL MEMBER NAME: _____ SIGNATURE: _____

DATE: _____