

Fellowship Training Program - Research Training Domain Handbook

*Education Division
2023 Version 1.0*

Table of Contents

1. Background.....	3
2. Research Training Policy.....	3
3. Learning outcomes.....	4
4. Formal learning about evidence-informed decision-making.....	4
5. Timetable for Research Training Domain activities.....	5
6. Options for the RTD Project.....	5
6.1 Health services research.....	6
6.2 Quality Improvement investigation.....	6
6.3 Systematic literature review.....	6
7. Development of a proposal.....	7
7.1 A health services research proposal will outline:.....	7
7.2 A quality improvement investigation proposal will outline:.....	7
7.3 A systematic literature review proposal will outline:.....	8
8. Consideration of ethics issues for research proposals.....	8
9. Conduct of the project.....	9
10. Summative activity - Oral presentation of RTD Progress.....	9
11. Assessment of Oral Presentation of RTD Progress.....	9
11.1 Content 50%.....	10
11.2 Communication skills 50%.....	10
12. Summative activity - Written report of RTD Project.....	10
13. Assessment of the written report of the RTD Project.....	11
13.1 Content 70%.....	11
13.2 Communication skills 30%.....	11
13.3 Referencing in the RTD project.....	11
13.4 Plagiarism.....	12
14. Recognition of prior learning or experience.....	12
15. Appeals process.....	13
16. RTD Support.....	13
17. Resources.....	15
APPENDICES.....	19
Appendix 1: RTD Oral Presentation Assessment Rubric.....	19
Appendix 2: RTD Written Report Assessment Rubric.....	21

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 progress 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. The Fellowship Training Program takes 3-4 full time equivalent years depending on past experience and the time taken to complete all Domains.

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.

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 six calendar years of commencement of candidacy. (Extensions may be made for delays in approval or gaining ethics clearance for the project that are beyond the control of the Candidate.)

Planning the project needs to take into account a Candidate's past experience, 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.

There are two summative assessment tasks as part of the RTD. This includes the Oral Presentation of RTD Progress and the Written Report of the RTD Project. Candidates are advised to check the RTD Module, calendar and announcements on [Canvas](#) for key dates and application timelines for RTD 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 apply a scholarly approach and 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, or improvement in systems of health and illness care;
- 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.

4. 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, a bespoke course at Master's degree level 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.

A RTD webinar program is provided to support Candidates with their formal learning about evidence-informed decision making for health service management and medical administration and development of their research proposal.

For each topic there is:

- a pre-recorded presentation;
- an opportunity to submit questions or comments to be addressed at the live discussion webinar and
- a live discussion webinar. Candidates may raise issues with their projects that may be useful to share with their peers.

Candidates are expected to participate in the RTD webinar program in their first year of candidacy. All Candidates, Supervisors and Preceptors are welcome to join at any stage.

Dates of the live discussions and access to the pre-recorded presentations are available on [Canvas](#).

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

5. 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 or epidemiology and statistics or evidence informed decision-making;
- Participation in RTD webinar program; and
- Development of a proposal for an evidence-informed project by the end of Year 1 of candidacy

Years 2/3

- Continuation of participation in webinars if needed;
- Written submission of a proposal for an evidence-informed project by beginning of Year 2 of candidacy, 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 end of Year 2 or the beginning of Year 3 of candidacy.

Years 3/4

- Completion of a project; and
- Written report for assessment by end Year 3/beginning Year 4 of candidacy.

6. 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; or
- a systematic analysis of literature, utilising a standardised protocol, relevant to a health service/medical management task.

*Note: In the past there was an option for a bio-ethical disputation of a health service dilemma arising in the training workplace or otherwise relevant to medical administration. **This option has now been removed from the Domain and no new bio-ethical disputations will be approved from 2021.***

Any Candidate who has previously had a bio-ethical disputation proposal approved and is working on it; or has had previous publication/s in the area endorsed for Oral Presentation of RTD Progress during RPLE, will be assessed using the rubrics published in the 2020 version of the RTD Handbook.

For questions about bio-ethical disputations, Candidates should contact the Education Team at ftpadmin@racma.edu.au.

6.1 Health services research

A curiosity-driven research project is a systematic investigation aiming to develop or contribute to generalisable knowledge, that will be useful in management planning or decision-making.

The College has adopted the definition of health services research as articulated by the Australian National Health and Medical Research Council 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 in university departments.

6.2 Quality Improvement investigation

A quality improvement project is a 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 and 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 generalisable 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.

6.3 Systematic literature review

A general literature review for a management task may trigger the need for a systematic literature review. A systematic literature review is 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 the PRISMA statement or those of the Cochrane Library or the Campbell Collaboration.

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. Development of a proposal

Candidates are encouraged to commence work in the RTD early in the FTP to ensure adequate time to complete their projects and not delay seeking election to Fellowship. The core Master's units in health services research or epidemiology and statistics or evidence informed decision-making provide important frameworks for the RTD. Some subjects in the Master's study may require active participation in proposal development and/or literature review, and they may subsequently guide development of the RACMA-assessable project. Other subjects may also prompt options for development of RTD projects.

The RACMA RTD webinar program is intended to enhance learning in these areas and assist Candidates to choose their investigations appropriately. 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 will develop a suitable health service investigatory project and submit a written proposal of up to 1,000 words, for endorsement by the College, by the beginning of the second year of candidacy. 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 the proposal will be endorsed for its appropriateness for summative assessments for the RTD.

Candidates who wish to change their previously endorsed research project, must submit an application for approval to change project or change to a different option by submitting an Application and Approval to Change Proposal Form to the College. The Application and Approval to Change is available on [Canvas](#). New timelines may be established in the course of that endorsement.

7.1 A health services research proposal will outline:

- the background to the project or preliminary literature review;
- the research/investigation question or hypothesis;
- the methodology proposed to 'answer' the question (quantitative, qualitative, mixed);
- copies of draft surveys, open-ended questions, data sheets;
- the human research ethics issues to be considered, and clearance technique to be used;
- the anticipated data analysis techniques to be employed;
- the role of the Candidate in the project; and
- the potential timetable for the activity.

7.2 A quality improvement investigation proposal will outline:

- the background to the choice of need for a substantial investigation; e.g., the service delivery issue/s that prompted the need for a deeper response across more than one quality cycle or across more than one hospital or service; or expansion on the management decisions that need to be informed by the project.
- the investigation question, issue or hypothesis;
- the methodologies proposed to 'answer' the question;
- any ethics issues to be considered, and the approach to the review and approval to be used;
- the anticipated data and information analysis techniques to be employed;
- the role of the Candidate in the project; and
- the potential timetable for the activity.

7.3 A systematic literature review proposal will outline:

- the nominated study protocol and the Candidate's expected role in the processes;
- the health management background to the project, with a specific reference to a preliminary literature review that has not revealed that the question has already been addressed in a systematic format;
- the research question to be systematically addressed;
- the nominated method outlining the Participants, Interventions, Comparisons, Outcomes and Study design (PICOS);
- the potential timetable for the activity.

All research proposals (up to 1,000 words) must be submitted together with the completed **Application and Endorsement of Proposal Form**. Information about how to submit your research proposal is available on [Canvas](#).

Candidates who wish to change their previously endorsed research project, must submit an **Application and Approval to Change Proposal Form**. Information about how to submit this form is available on [Canvas](#).

All forms are available on [Canvas](#).

8. Consideration of ethics issues for research proposals

It is expected that the Candidate's project will be considered for ethics implications. It may or may not be necessary for an ethics committee 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 all have in place, processes that ensure that in deciding to exempt research from an ethical review, they are determining that the research still meets the requirements of the National Statement and is ethically acceptable.

Candidates should refer to the below link for their jurisdictional options on HREC applications: <https://www.nhmrc.gov.au/research-policy/ethics/human-research-ethics-application-hrea>

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 need to consider if they need formal clearance from a Human Ethics Research Committee (HREC) or other ethical review body before commencing their projects. All curiosity-driven health service research projects will need this while other types of projects may fall out of the scope of a

HREC. Where formal HREC clearance has not been obtained, Candidates need to explain how their decisions on this issue have been addressed.

9. 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.

10. 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, outcomes or resolutions. The presentation will be about the project that has been endorsed by the College for summative assessment (following proposal endorsement or identification during the RPLE process).

Different levels of progress must have been achieved for the Candidates to be eligible to present i.e. for:

- Curiosity driven research, when some data is available and initial analysis is possible;
- Improvement projects, after at least one completed improvement cycle OR where the project is not following quality improvement cycles, data has been collated and at least partial analysis can be presented; and
- Systematic literature review, when at least half completed.

The Oral Presentation of RTD Progress is a summative assessment requirement. The Oral Presentation of RTD Progress is assessed by a panel of RTD Assessors, who are members of the Board of Censors. Oral Presentations may be held several times throughout the year. Candidates are advised to check the RTD Module, calendar, and announcements on [Canvas](#) for key dates and application timelines.

Candidates wishing to present for summative assessment of their RTD progress must submit an abstract and a completed **Oral Presentation Application and Abstract Form** by the date specified on [Canvas](#). The closing date will generally be 5 weeks prior to the scheduled presentations.

This form and information about how to submit it are available on [Canvas](#).

Abstracts should be between 250-300 words and summarise the key aims, methodology, available findings, and conclusions of the project.

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 which includes 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 members of the audience for each session.

11. Assessment of Oral Presentation of RTD Progress

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

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

RTD Oral Presentation Assessment Rubrics can be found in Appendix 1.

Candidates must achieve a score of at least 30 out of 50 (60%) for the assessment to be satisfactory. The rubric allocates 50% of available marks for content and 50% for communication skills.

11.1 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 improvements to be sought or the issue for investigation;
- links to current literature on the topic and relevant theories (if applicable);
- the hypothesis to be tested, or management decisions to be informed;
- the rationale for the method and the chosen analysis;
- available data, or information
- preliminary or final findings;
- conclusions if available and implications for service provision;
- how this study will contribute to knowledge in medical administration;
- reflection on the learning challenges identified and how these are, will be, or were, overcome.

11.2 Communication skills 50%

The marks for communication skills 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 sections: Introduction, Aims/Objectives, Methods, Results, Discussion, Conclusions, Implications for health service management, Reflections;
- number of slides are limited (10-15 for a 15-minute presentation), without spelling mistakes, using appropriate formatting;
- tables and charts are purposeful – the information, comparisons or trends are easy to identify;
- the audience is engaged with eye contact;
- questions are answered knowledgeably.

12. 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/information or argument collection using an appropriate method, to analyse evidence, to draw conclusions and to present written findings to a relevant audience.

The final report may vary, depending on the choice of project options. It is generally expected that a report will be 3,000 – 5,000 words. Generally, it will be expected that a RTD project report will be formatted as a 'publication-ready' journal article and that reports on quality management projects or will take the form of a report to a Committee or Board. Some Candidates will have had a publication or report recognised during RPLE processes and may have been exempted from this task.

The written report should be **submitted within a maximum of twelve calendar 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 six calendar years from commencement of candidacy** for the Candidate to be eligible for Fellowship. (Applications for changes to the project may have been endorsed with extensions or new deadlines.)

13. Assessment of the written report of the RTD Project

The written report should demonstrate that Candidates have gained significant knowledge and developed practical skills in the preparation, governance and conduct of research, evidence-informed investigation and that they can report in a format useful for decision-making.

RTD Written Report Assessment Rubrics can be found in Appendix 2.

Candidates must achieve a score of at least 30 out of 50 (60%) for the assessment to be satisfactory. The rubric allocates 70% of available marks for content and 30% for communication skills.

13.1 Content 70%

The rubric allocates 70% of the marks for content. The report should include the following points:

- the background to the project, supported by literature review;
- the development of the hypothesis or the need for the quality improvement project or investigation;
- the research study method, quality improvement method or the method to address the management issue being investigated);
- the findings from the study, the outcome of successive quality cycles or the outcomes for executive consideration;
- the analysis or synthesis of the findings;
- conclusions and implications for service provision;
- recommendations.

13.2 Communication skills 30%

The marks for communication skill are allocated for comprehensive and clear communication in the written form:

- the abstract or executive summary is a concise description of the content of the report;
- the report relates to the abstract;
- there is a logical flow of topics: Introduction, Aims/Objectives, Methods, Results, Discussion, Conclusions, Implications, Challenges, Recommendations/Reflections;
- tables and charts are purposeful – the information, comparisons or trends are easy to identify;
- references are cited using a consistent established technique and they are accurately recorded.

13.3 Referencing in the RTD project

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 RTD Written Reports. 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.

Candidates may wish to consider referencing management software to manage the search and literature review. These software packages, such as EndNote³ allow downloading of references from databases, documenting searches, saving, and organising retrieved articles, and making changes to, and editing, references.

13.4 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. Recognition of prior learning or experience

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

Exemptions from components of the RTD 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 (Master's degree level (or equivalent) or above); or
- publication/s in relevant health management journals or for health organisations' governance situations which highlight the format of one of the nominated RTD options;
 - completed/published in the previous 5 years;
 - directly relevant to health service management or medical administration;
 - demonstrate a satisfactory knowledge of the scholarly 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:

³ <http://endnote.com/>

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

The **Oral Presentation of RTD progress** in, or completion of, an evidence-informed decision-making project will be a mandatory summative assessment for all Candidates.

Candidates who have been given credit will be provided with information about which elements/aspects of their credited activities they will be required to present at the Oral Presentation of RTD progress.

The **Research Training Domain Credit Application Form** can be downloaded from [Canvas](#) and should be submitted to the College by email to ftpadmin@racma.edu.au.

15. 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.

16. RTD Support

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

16.1 Canvas

The [RTD module](#) on [Canvas](#) contains information, resources and forms relating to RTD assessment tasks. This includes the following:

- RTD Handbook
- RTD Credit Application Form
- Information about the RTD Webinar Program
- Application and Endorsement of Proposal Form
- Application for Change to a Proposal
- Application for Oral Presentation and Abstract Form
- Application for Assessment of Research Report Form
- The RTD module also is the point for submission of RTD applications and assessment tasks

16.2 RTD Webinar Program

The RTD webinar program which is open to all Candidates, Supervisors and Preceptors provides a forum to discuss and seek advice on the development and conduct of the RTD project. These webinars are designed to provide general guidance on research projects, presentations and the journey being taken towards becoming a scholarly medical administrator.

Pre-recorded presentation and information and dates for live question and answer sessions is available on [Canvas](#).

16.3 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.

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, this must be acknowledged by the Candidate.

The Research Supervisor, Training Supervisor or Preceptor must sign the application for endorsement or assessment of the RTD assessment tasks before submission for assessment. This endorsement confirms that the person has been engaged in discussions with the Candidate regarding their piece of work. They will acknowledge that they have read the submission and advised on its readiness for assessment.

16.4 College staff

Candidates will be able to seek advice on the development of their research questions and projects from members of the RTD Committee. Candidates may send their queries to the College staff for forwarding to the RTD Committee members. 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. Resources

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.

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

Lipworth, W., Taylor, N., Braithwaite, J. (2013): Can the theoretical domains framework account for the implementation of clinical quality interventions? *BMC Health Services Research* 13:530
<http://www.biomedcentral.com/1472-6963/13/530>

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.

National Information Center on Health Services Research and Health Care Technology:
<https://www.nlm.nih.gov/hsrph.html>

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

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

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.

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

Literature review:

'Getting Started on your Literature Review', The Learning Centre, University of New South Wales, 2012: <https://student.unsw.edu.au/getting-started-your-literature-review>

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: <http://www.hsraanz.org/>

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

'Literature Review Tutorial', Central Queensland University Library, 2012:
<https://libguides.library.cqu.edu.au/c.php?g=842872&p=6313839>

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.

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', <https://casp-uk.net/>

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',
<https://www.equator-network.org/reporting-guidelines/qualitative-research-review-guidelines-rats/>

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

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.

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

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

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.

'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.

Research 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, *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:

Academic Integrity at UNSW, <https://student.unsw.edu.au/plagiarism>

Relevant Journals

Asia Pacific Journal of Health Management, No impact factor:
<https://www.springer.com/journal/10490>

Australian Health Review, Impact Factor 0.545 - National and international health issues and questions:

<https://www.publish.csiro.au/ah/search?q=National+and+international+health+issues+and+questions&sjournal=on>

BMC Health Services Research, Impact Factor 1.72, <https://bmchealthservres.biomedcentral.com/>

BMC Medical Research Methodology, Impact Factor 2.67:

<https://bmcmmedresmethodol.biomedcentral.com/>

Health Care Management Review, Impact Factor 1.23 - Research on health care management, leadership and administration:

<http://journals.lww.com/hcmrjournal/Pages/default.aspx>

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

Health Services Management Research, No impact factor:
<https://journals.sagepub.com/description/hsm>

Medical Care Research and Review, Impact Factor 2.959 - Research in health care services:
<https://us.sagepub.com/en-us/nam/journal/medical-care-research-and-review>

APPENDICES

Appendix 1: RTD Oral Presentation Assessment Rubric

RESEARCH TRAINING DOMAIN ORAL PRESENTATION ASSESSMENT RUBRIC

(50% Content, 50% Communication)

Candidate First Name: _____ Candidate Last Name: _____

RACMA ID: _____ Abstract Word Count: _____

Title of Proposal: _____

Option for project:

Health services research Quality management project Systematic literature review

Dimension	1-2	3	4	5	Score
Designed an evidence-informed project relevant to Medical Administration, with background and hypothesis	Mentioned limited relevant theories and literature related to the project design	Identified an appropriate range of relevant theories and literature and related to project focus and design	Selected a range of relevant theories and literature to inform hypothesis and/or approach to project	Project design incorporates discussion of a comprehensive range of theories or potential methods for investigation	/ 5
Project methodology	Partially described choice of methodology and analysis techniques Did not mention human research ethics issues	Described adequately choice of methodology and analysis techniques (relevance, reliability), including consideration of need for research ethics endorsement	Justified choice of method and analysis techniques (relevance, rigour, reliability)	Detailed justification of choice of methodology and analysis techniques (relevance, rigour, reliability)	/ 5
Dimension	1-4	5	6-7	8-10	
Data collation Analysis	Inadequate collation of data /information for analysis	Collating/collated sufficient data for analysis Appropriate descriptive analysis	Collating/collated relevant data Adequate analysis for developing conclusions	Collating/collated relevant data/information Detailed analysis demonstrated	/10
Dimension	1-2	3	4	5	Score
Discussion of (preliminary) findings, conclusions	Did not comment on findings Drew conclusions not related or supported by analysis	Listed findings, Commented on findings, Drew potential conclusions supported by preliminary analysis	Discussed findings and related to the project focus and design	Discussed potential strengths and weaknesses in project, related to findings. Provided conclusions relevant to medical administration and/or health system management	/ 5
Abstract	Inadequate description of project	Adequate summary of highlights of project	Good summary of project, included aims, methodology, available findings and conclusions	Comprehensive summary of project, Including relevance to medical administration and/or health system management	/5
Dimension	1-4	5	6-7	8-10	
Formatting for presentation	Poorly organised Incorrect referencing	Acceptable structure and visual effects Poor response to questions	Organised well Answered questions knowledgably	Clear structure Appropriate audience engagement with strong responses to questions	/10

RTD reflection	Commented only on ethics committee issues	Commented on human ethics committee difficulties and/or plans for future work	Commented on challenges of the 'scholarly approach' to decision-making Plans for actions in future investigations in health system management	Reflected on the 'scholarly approach', and the impact on their own medical management practice	/10
The overall score must reach 30/50 (60%) for the assessment to be satisfactory.				Total	/50

Appendix 2: RTD Written Report Assessment Rubric

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

Candidate First Name: _____ Candidate Last Name: _____

RACMA ID: _____ Word Count: _____

Title of Paper: _____

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

Date of endorsement of this topic for summative assessment for RTD written report: _____

Primary proposal Selected by RPLE assessor as topic for report

Endorsed as appropriate change from primary proposal for justified reasons.

Dimension	1-2	3	4	5	Score
Designed an evidence-informed project relevant to Medical Administration, with background and hypothesis	Mentioned limited relevant theories and literature related to the project design	Identified an appropriate range of relevant theories and literature and related to project focus and design	Selected a range of relevant theories and literature to inform hypothesis and/or approach to project	Project design incorporates discussion of a comprehensive range of theories or potential methods for investigation	/ 5
Project methodology	Partially described choice of methodology and analysis techniques Did not mention human research ethics issues	Described adequately choice of methodology and analysis techniques (relevance, reliability), including consideration of need for research ethics endorsement	Justified choice of method and analysis techniques (relevance, rigour, reliability)	Detailed justification of choice of methodology and analysis techniques (relevance, rigour, reliability)	/ 5
Dimension	1-2	3	4-5	6-7.5	
Data collation	Collated inadequate data for relevant analysis	Collated relevant but incomplete data or information. If a systematic review, did not follow protocol appropriately	Collated relevant data or Information. Followed relevant protocol appropriately, or justified variations	Collated comprehensive information/data	/ 7.5
Analysis	Descriptive data not valid for analysis	Minor mistakes in application of analysis techniques	Analysed correctly	Analysed correctly and comprehensively	/7.5
Dimension	1-2	3	4	5	
Discussion/ Interpretation	Did not comment on findings	Commented on findings	Made comments on findings and related to literature appropriately	Discussed strengths and weaknesses in project, related to literature appropriately	/ 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 pertinent to health system management	/ 5
Abstract	Inadequate description of project	Summary of highlights of project	Good summary of project outlined with aims, methodology, findings and conclusions	Comprehensive summary of project	/ 5

Dimension	1-4	5	6-7	8-10	
Formatting for written report-writing	Inconsistent approach to report format, grammar and lay-out. Not acceptable for publication. Substantial revision required. Incorrect referencing	Organised according to standard approach to report writing Re-working of some sections required Occasional inconsistencies in formatting references	Organised according to standard approach to report writing May need minor editorial changes to be publication ready	Organised according to expected standards of publication-ready reporting (peer-reviewed journal or to CE/Board)	/10
The overall score must reach 30/50 (60%) for the assessment to be satisfactory.				Total	/50