RACMA FELLOWSHIP TRAINING PROGRAM
REQUEST TO MODIFY AN ACCREDITED TRAINING POST

IMPORTANT INFORMATION

Candidate Information

RACMA Candidates are required to be in an accredited training post under the supervision of a RACMA Fellow until the completion of the Fellowship Training Program, unless on an approved Interruption to Training.

Purpose of this Form

Candidates must use this form to notify the College of any modifications/changes to their current accredited training post.

- Contact details of the Training Post employer
- Training Supervisor
- Line Manager
- Job role or responsibilities
- Training time fraction

The College will review the proposed changes to determine whether the training post can continue to support training requirements of the Fellowship Training Program and will notify you of the outcome.

Notes

- Please refer to the RACMA Training Post Accreditation Standards and the Accreditation of Training Posts Policy before submitting this request.
- Depending on the modifications/changes to the accredited training post the process to review the request and provide an outcome may take up to four weeks.
- Failure to inform the College of a modification/change to a training post may impact the recognition of time in supervised practice, your training progress, and your anticipated training completion date.
- If you are seeking to move to a new or different training post, please complete the **Request to Move Training Post Form.**

Submission Instructions

Send the completed form, along with any required supporting documentation, to accreditation@racma.edu.au.

The Accreditation Team will acknowledge receipt of your application within seven (7) days.

For further information, please contact the Accreditation team accreditation@racma.edu.au or by phone on **+61 3 9824 4699 (select option 3).**

OFFICE USE ONLY

Date form received	Name
Receipt sent	Name

NEXT PAGE

SECTION 1: CANDIDATE DETAILS

RACMA ID

First Name

Last Name

SECTION 2: MODIFICATION/CHANGE REQUESTED

☐ Change to existing accredited training post — tick all changes that apply and complete Section 3 below

- ☐ Position title
- ☐ Time fraction in Medical Management Practice (FTE)
- ☐ Training Supervisor (must be FRACMA)
- ☐ Line Manager
- ☐ Changes to role or responsibilities
- ☐ Training Post ability to meet education and training requirements (including workplace base assessments- WBAs)

SECTION 3: DETAILS OF MODIFICATIONS/CHANGE REQUESTED

Training Post Information (Before the modification/change)

Employer Organisation Information

Health Service Name (ie Health District)

Health Setting Name (The specific hospital or organisation where the role is located)

Training Post Name (The name of role as per the Position Description)

Date finishing in the Training Post

Position Details

☐ Substantive Post ☐ Registrar Post

Time Fraction - Medical Management (FTE) (min 0.4) ☐ 0.4 ☐ 0.5 ☐ 0.6 ☐ 0.7 ☐ 0.8 ☐ 0.9 ☐ 1.0

Time Fraction – Non-Medical Management (FTE) ☐ 0.1 ☐ 0.2 ☐ 0.3 ☐ 0.4 ☐ 0.5 ☐ 0.6

Training Supervisor (must be FRACMA)

First Name

Last Name

Email Contact

Phone

Line Manager

☐ Same as Training Supervisor

First Name

Last Name

Email Contact

Phone

Training Post Information (After the Modification/Change)

Position Details

☐ Substantive Post ☐ Registrar Post

Time Fraction - Medical Management (FTE) (min 0.4) ☐ 0.4 ☐ 0.5 ☐ 0.6 ☐ 0.7 ☐ 0.8 ☐ 0.9 ☐ 1.0

Time Fraction – Non-Medical Management (FTE) ☐ 0.1 ☐ 0.2 ☐ 0.3 ☐ 0.4 ☐ 0.5 ☐ 0.6

Training Supervisor (must be FRACMA)

First Name

Last Name

Email Contact

Phone

Line Manager

☐ Same as Training Supervisor

First Name

Last Name

Email Contact

Phone Issue(s) regarding meeting Accreditation Standard(s) ☐ No ☐ Yes - please specify

Changes to Training Post – Position/Role and Responsibilities

Please provide details of the changes to your position/role or responsibilities.

CANDIDATE DECLARATION

I,

- ☐ I declare that the information provided in this request and any supporting documentation is true and correct.
- ☐ I acknowledge that the provision of false or misleading information or the omission of information relevant to this request may impact the recognition of time in supervised practice, training progress, and training completion.
- ☐ I understand that the request will not progress until all necessary information has been provided.
- ☐ I authorise RACMA to verify any information provided.

Signature Date

PREVIOUS PAGE