RACMA FELLOWSHIP TRAINING PROGRAM

RESEARCH TRAINING DOMAIN HANDBOOK

2020

Contents

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 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. The principles and structure were reviewed in 2018, and some of the earlier activities have been modified.

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.

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 Curriculum[1], 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;
- 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, 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.

To ensure Candidates and Supervisors understand the College requirements for each project type and allow a forum to discuss issues related to projects, a monthly RTD webinar is held.

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

Dates for webinars are notified in 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 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.

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;

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

- a bio-ethical disputation of a health service dilemma arising in the training workplace or otherwise relevant to medical administration.

6.1 Health services research

A 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 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 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 knowledge[2].

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

---

[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

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.

6.4 Bio-ethical disputation

A bio-ethical disputation is a report of ethical arguments for and against a position on a complex management issue or proposal. Candidates may choose to develop a bio-ethical disputation report as the methodology for informing decision-makers and policy makers on complex issues in healthcare. Candidates undertaking this option will be expected to indicate prior or concurrent learning in bio-ethics and/or moral philosophy.

Bioethics is commonly understood to refer to the ethical implications and applications of the health-related life sciences. Topics such as neonatal intensive care procedures, organ transplantation, pelvis exenteration surgery, radiation therapy, fertility treatments, some clinical trials and sometimes day-to-day patient contact (e.g. in Palliative Care settings or in Intensive Care), may raise ethical dilemmas in the minds of individuals and system administrators. Because of the complexity of technological advances in modern health care there is an expectation that practitioners in medical administration and medical leadership will consider bio-ethical principles in any evidence-informed approach to policy development, planning and implementing of new or emergent technologies, procedures or services.

The most well-known set of medical ethical principles is that of Beauchamp and Childress[3]. These philosophy pioneers developed the concept that decision-making in situations of moral dilemma should be guided by judgment of the values of autonomy, beneficence, non-maleficence and distributive justice. Over time they have expanded these concepts and their applications in line with other ethical theories that have gained acceptance and driven decision-making and law-making in health care.

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.

A ***bio-ethical disputation*** for policy development or service implementation in health or healthcare management, will develop a justifiable and relevantly referenced position on a **bioethical dilemma**, through consideration and integration of **ethical theory and relevant moral or socio-political philosophical frameworks**.

Driven by Cicero's maxim 'aegroti salus suprema lex' ('the good of the patient is the highest law'), a **bio-ethical disputation** will respect human dignity and the welfare of the individual

[3] Tom L. Beauchamp and James F. Childress (2019): Principles of Biomedical Ethics Eighth ed. Oxford Press

and explore the overlap and competing prioritisation of other ethical theories which arise in the course of considering the chosen health management or policy dilemma[4].

7. Development of a proposal

Candidates are encouraged to commence work in the Research Training Domain (RTD) early in their Fellowship Training Programs to ensure adequate time to complete their projects and not delay seeking election to Fellowship. The core Master's 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. Other subjects in Master's study may also prompt options for development of RTD projects.

The Webinar schedule 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 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 summative assessments for the RTD.

Any changes to the project, or changes to a different option for a project, will need application to and endorsement from, the College. New timelines may be established in the course of that endorsement.

7.1 A **research** proposal (of up to 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 (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.

[4] In its Universal Declaration on Bioethics and Human Rights, the United Nations Educational, Scientific and Cultural Organization (UNESCO) declared in Article 3 that 'Human dignity, human rights and fundamental freedoms are to be fully respected.' And that 'The interests and welfare of the individual should have priority over the sole interest of science or society.' The Declaration goes on (in Article 19) to identify the importance of Ethics Committees at all levels to 'foster debate, education and public awareness of, and engagement in, bioethics.

7.2 A **quality improvement investigation** (of up to 1,000 words) will outline:

- the background to the choice of need for a substantial investigation;
  e.g. across more than one quality cycle, across more than one hospital or service.
- the investigation question or hypothesis;
- the methodologies proposed to 'answer' the question;
- any human research ethics issues to be considered, and clearance technique 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 (of up to 1,000 words) 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.

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

- The background to the issue or a case that prompts the question to be explored:
  - the 'biological' or 'health system' facts i.e. evidence-based or literature-based outline of the diagnostic or health system issues, risks and outcomes that will be investigated, if relevant;
  - the ethical concepts that are highlighted by the case and why there is a dilemma;
- A summary of the position and objections to be argued:
  - a statement of the Candidate's primary position by reference to ethical principles and the theoretical framework underpinning the position;
  - two or three objections to the position and the theoretical framework underpinning those objections;
  - rebuttals of the objections;
- The possible health service implications.

The proposal should be submitted via MyRACMA with the Proposal Application and Endorsement Form which can be downloaded in Canvas. Information about submission timelines is available on Canvas.

If Candidates wish to change their project, or change to a different option for a project, they will need to submit an Application and Approval to Change Proposal Form to the College via MyRACMA. The Application and Approval to Change Proposal Form can be downloaded in Canvas.

8. Consideration of human research ethics issues for research proposals

It is expected that the Candidate's research project will be considered for its human research 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 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 need to consider if they need formal clearance from a HREC 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).

The projects are to have commenced 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;
- Systematic Literature Review, when at least half completed; and
- Bio-ethical disputation, when finished.

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. Oral Presentations may be made in conjunction with workshops and scheduled dates will be notified to Candidates periodically. Abstracts for the presentation are expected 4-6 weeks prior to the scheduled dates. Candidates can download the Oral Presentation Application and Abstract Form in Canvas and submit the completed form to the College via MyRACMA. The timelines for submission of the Abstract will be advised on Canvas.

11. Assessment of Oral Presentation

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 or argument; 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 and a discussion of Candidate learnings concerning evidence-informed decision-making.

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.

The standardised assessment rubrics can be found in:
Appendix 1.1 - Assessment Rubric: Oral Presentations of RTD Projects
Appendix 1.2 – Assessment rubric: Oral Presentation of Bio-ethical Disputation.

Note that presentation content is worth **50%** of the mark and presentation skills are worth **50%**.

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, investigation or argument;
- links to current literature on the topic and relevant theories (if applicable);
- the hypothesis to be tested, or position to be argued;
- the rationale for the study 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 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 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 knowledgably.

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 bio-ethical disputation will be 1,500 - 3,000 words in length and other options will be 3,000 – 5,000 words. Generally, it will be expected that a research training project report will be formatted as a 'publication-ready' journal article and that reports on quality management projects will take the form of a report to a Committee.

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 or argument and that they can report in a format useful for decision-making.

The standardised assessment rubrics can be found in:
Appendix 2.1 - Assessment Rubric: Written Report for Health services research project, systematic literature review or quality management investigation
Appendix 2.2 – Assessment Rubric: Written report of Bio-ethical Disputation

Note that content is worth **70%** of the mark and formatting skills are worth **30%**.

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 disputation position;
- the study method;
- the findings from the investigation or expansion of the arguments;
- the analysis or synthesis of the findings;
- conclusions and implications for service provision;
- recommendations.

13.2 Report formatting 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 Report content for a research project
The report of a completed research project will be in the form of a 'publication-ready' document.

13.3.1 Abstract
The report will have an abstract of 250-300 words that summarises the key aims, findings and conclusions of the project.

13.3.2 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. It may also appear in a bio-ethical disputation at the beginning to set the scene for the position and in sections within the disputation to justify the positions taken.

'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.'[5] 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

[5] 'Writing a Literature Review', University of Canberra, 2012
http://www.canberra.edu.au/studyskills/writing/literature

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.

'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 as their project – these will need to follow standardised protocols such as the PRISMA statement or those of the Cochrane or Campbell Collaborations.

13.3.3 Methodology

In Health Services Research, methods may be observational, experimental or mixed. They may be quantitative, qualitative or mixed. 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), hypothesis testing or argumentative. 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.

13.3.4 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, literature review 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.[6]

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'.

13.3.5 Discussion

A 'discussion' identifies the strengths of the study and the weaknesses and usually brings in more literature to justify those statements.

13.3.6 Conclusions and recommendations

Depending on the type of project the reflections on conclusions and recommendations will be about recommended next steps in the research on this topic, the management implications or both.

13.4 Report content for a bio-ethical disputation

A written report of a bio-ethical disputation for the RACMA Research Training Domain will have a format which is not dissimilar to that of an investigation report. It will demonstrate that the Candidate has taken a 'scholarly' approach to resolving a management dilemma.

13.4.1 Executive summary

This is a short outline of the purpose of the 'investigation', the ethical position taken, the objections to the position and the resolution of the dilemma, with implications for policy.

13.4.2 Introduction to ethical dilemma

This section is essentially a short ethical literature review identifying the basis for considering the potential for ethical dilemmas.

13.4.3 Background/Case study

This section outlines the reason for outlining the disputation. It may be a call for ethical considerations in a process of introduction of a new intervention or development of a policy. It may be a call for a protocol or framework for informed ethical decision-making. It may be a commentary piece in response to a complaint or assessment of an adverse event.

13.4.4 Position

This is similar to the 'hypothesis' of a research investigation. It is the argument that will be explored and addressed..

---

[6] Charles Darwin University online resources,23 July 2012: http://learnline.cdu.edu.au/myresearch/process/research.html

13.4.5 Outline of disputation

The 'methodology' to be demonstrated is the examination of the ethical arguments and it will outline:

- a statement of the Candidate's primary position by reference to ethical principles and the theoretical framework underpinning the position;
- two or three objections to the position and the theoretical framework underpinning those objections; and
- rebuttals of the objections.

13.4.6 Resolution

The resolution is the 'conclusion' and 'recommendations' section. There is a re-statement of the initial position or a statement of a 'new' position. There will be a comment on the possible health service implications or actual recommendations, made in the context of the original setting in which the ethical question arose.

13.5 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 Research Training Domain 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 EndNote or Refman[7] allow downloading of references from databases, documenting searches, saving and organising retrieved articles, and making changes to, and editing, references.

13.6 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.

[7] http://endnote.com/; http://www.refman.com/

14. 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 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:

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

The **Oral Presentation** of progress in, or completion of, an evidence-informed decision-making project will be mandatory 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 project progress.

Application for credit in the Research Training Domain Form can be downloaded in Canvas and submitted to the College via 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 Polices Policies and Regulations are available on the College website.

16. Research Training Domain Support

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

16.1 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.

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.

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

16.2 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.

16.3 College webinars

The College will schedule 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 webinars are also open to Supervisors and Preceptors and are facilitated by the Lead Fellow, Research, the Dean or their delegates. These webinars are designed to provide general guidance on research projects, presentations and the journey being taken towards becoming a scholarly medical administrator.

17. Resources

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.

'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', 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

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

Relevant Journals (ranked by Impact Factor)
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://bmcmedresmethodol.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

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: https://www.questia.com/library/119516010/handbook-of-health-research-methods-investigation

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

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 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.

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

Bio-ethics in healthcare

Chan, S. (2015): A bio-ethics for all seasons. *J Med Ethics* 41: 17-21. Doi: 10.1136/medethics-2014-102306.

Forte, D.M., Kawai, F., Cohen, C. (2018): A bio-ethical framework to guide the decision-making process in the care of seriously ill patients. *BMC Medical Ethics* 19-78 https://doi.org/10.1186/s12910-018-0317-y

Korner, U., Bondolfi, A., Buhler, E., MacFie, J., Meguid, M., Messing, B., Oehmichen, L., Valentini, L., Allison, S. 2006: Ethical and legal aspects of enteral nutrition. *Clinical Nutrition* 25, 196-202.

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

Mitchell, L.A. (2014) Major Changes in *Principles of Biomedical Ethics*: A Review of Seven Editions of Beauchamp and Childress. National Catholic Bioethics Quarterly 14.3 (Autumn 2014): 459–475.

Page, K. (2012): The four principles: Can they be measured and do they predict ethical decision making? *BMC Medical Ethics* **13**:10 http://www.biomedcentral.com/1472-6939/13/1/10

Rosenbaum, L. 2020: Facing Covid-19 in Italy – Ethics, Logistics and Therapeutics on the Epidemic's Front Line. NEJM Perspective DOI: 10.1056/NEJMp2005492

Smith, G.P. (2013): Applying bioethics in the 21st Century: Principlism or Situationism? 30 J. Contemp. Health L. & Policy XXX:1: 37-58

Tom L. Beauchamp and James F. Childress (2019): Principles of Biomedical Ethics Eighth ed Oxford Press

APPENDICES

Appendix 1.1 Oral Presentation of Research, Systematic Literature Review, Quality Management Investigation Assessment Rubric

RESEARCH TRAINING DOMAIN
ORAL PRESENTATION ASSESSMENT RUBRIC

50% Content, 50% Communication

Candidate First Name: _____ **Candidate Last Name:** _____ **RACMA ID:** _____

Title of Proposal: _____ **Abstract Word Count:** _____

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 or lacked clarity.	Good summary of project, included aims, methodology, available 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	Acceptable structure and visual effects Adequate answers to questions	Organised well Appropriate audience engagement with strong responses to questions	Clear structure Answered questions knowledgably	/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 30/50 (60%) for the assessment to be satisfactory.				**Total**	/50

Further Feedback to Candidate:

RTD Assessor's Name: _____

RTD Assessor's Signature: _____ *Date: _____*

Appendix 1.2 Oral Presentation of Bioethical Disputation Assessment Rubric

RESEARCH TRAINING DOMAIN
ORAL PRESENTATION ASSESSMENT RUBRIC
BIO-ETHICAL DISPUTATION

50% Content, 50% Communication

Candidate First Name: _____ **Candidate Last Name:** _____ **RACMA ID:** _____

Title of Proposal: _____ **Abstract Word Count:** _____

Dimension	1-2	3	4	5	Score
Introduction - case study or incident with a bio-ethical dilemma and statement of core belief	Statement is very broad with little justification either from researched factual statements or ethical principles	Background/introduction introduces the concept of ethical or moral dilemma. Statement of core belief and some objections	Background/introduction expands on ethical issues and dilemma at all levels of then system Statement of core belief and outline of at least two objections with respect to all ethical principles.	Concise development of dilemma with reference to ethical principles, moral attitudes and legal implications. Highlighted the human autonomy issues and the difficulties associated with system management. Clear statement of core belief and outline of at least two objections.	/ 5
Expansion of core belief	Core belief is very simple. Lacks explanation.	Core belief statement is expanded, and ethical commentary provided.	Factual statements and ethical principles provided as 'evidence' for core belief.	Core belief is outlined with strong evidence and appropriate selection of ethical principles	/ 5
Dimension	**1-4**	**5-6**	**7-8**	**9-10**	
Expansion of objections and expansion of rebuttals	Objections are very simple and rebuttals limited. Some confusion evident.	Objections are stated and rebuttals made with reference to ethical principles.	Objections are expanded and expanded rebuttals provided with reference to ethical principles and implications for management.	At least two objections are clearly presented as justifiable arguments and rebuttals also have supporting evidence or support for alternative ethical principles.	/ 10
Dimension	**1-2**	**3**	**4**	**5**	
Resolution and reflection	There is poor discussion on the position with respect to the objections and how they fit with the arguments	Discussion on integrating the objections with answer is adequate. Some usefulness for management practice	Objections are appropriately integrated into the resolution. Some reflection on implications for management practice.	The resolution acknowledges the weight of the arguments and suggests appropriate actions. Has demonstrated goodness of fit with a framework for ethical management decision-making.	/ 5
Dimension	**2-4**	**5-6**	**7-8**	**9-10**	
Abstract	Inadequate description of arguments.	Adequate summary of arguments, but outside word limit or lacked clarity.	Good summary of arguments included ethical principles, statement of core belief and objections. Resolution stated Within word limit (250-300 words)	Comprehensive summary of bio-ethical ethical principles, statement of core belief, objections, rebuttals and resolution. Within word limit (250-300 words)	/ 10
Structure and flow of presentation	Poorly organised	Acceptable structure Grammatical and/or language mistakes leading to some confusion	Good structure Good visual effects	Clear structure, good visual effects, flowed well.	/10
Dimension	**1-2**	**3**	**4**	**5**	
Response to questions	Struggled to answer questions	Superficial response with little added information	Strong response to questions clearly linked to disputation	Strong response to questions with additional discussion on ethical theory and principles	/5
The overall score must reach 30/50 (60%) for the assessment to be satisfactory.				**Total**	/50

Further Feedback to Candidate:

RTD Assessor's Name: _____

RTD Assessor's Signature: _____ *Date: _____*

Appendix 2.1 Written Report of RTD Project Assessment Rubric

RESEARCH TRAINING DOMAIN
WRITTEN REPORT ASSESSMENT RUBRIC

70% Content, 30% Communication

Candidate First Name: _____ **Candidate Last Name:** _____ **RACMA ID:** _____

Title of Paper: _____ **Word Count:** _____

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 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.	Drew on appropriate selection of a range of theories and relevant literature to inform study focus and design. Developed appropriate background and hypothesis	Drew on relevant selection of a range of theories and relevant literature. Developed appropriate background and hypothesis If a systematic review, followed published criteria for developing question	/ 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. If a systematic review, followed standardised protocol.	Explicitly justified in detail choice and use 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 some irrelevant data	Collated relevant data	Collated relevant and accurate data	/ 7.5
Analysis	Descriptive data not valid for analysis	Some mistakes in interpretation	Minor mistakes in application of analysis techniques	Analysed correctly	/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	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
Abstract	Inadequate description of project	Adequate summary of highlights of project. Some inaccuracy of correlation with report.	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	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 30/50 (60%) for the assessment to be satisfactory.				**Total**	/50

Further Feedback to Candidate:

RTD Assessor's Name: _____

RTD Assessor's Signature: _____ *Date: _____*

Appendix 2.2 Written Report of Bio-Ethical Disputation Assessment Rubric

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

Candidate First Name: _____ **Candidate Last Name:** _____ **RACMA ID:** _____

Title of Paper: _____ **Word Count:** _____

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	6-7	Score
Background to question/dilemma and summary of position and objections	Statement of position and objections to be argued. Simple description of case/issue/policy and ethical implications to be considered.	Simple description of case/issue/policy and ethical implications to be considered, with some citing of literature. Statement of position and objections to be argued.	Description of case/issue/policy and ethical implications to be considered, with some citing of relevant ethical theories/frameworks and relevant management literature. Statement of position and objections to be argued.	Description of case/issue/policy with good correlation with ethical implications to be considered. Good citing of relevant ethics theories and relevant management literature. Statement of position and objections to be argued.	/6
Argument for position	Position is not well articulated.	Position is presented without adequate justification.	Position is well presented with some argument from a moral/socio-political philosophical framework.	Position is comprehensively presented, with supporting argument from a moral socio-political philosophical framework.	/6
Objection to the perspective (1)	Objection 1 is not well articulated.	Objection 1 is presented with minimal justification. Rebuttal is limited to factual statements.	Objection 1 is well presented, and rebuttal is supported with some evidence and argument. Rebuttal cites factual evidence as well as ethical principles in discussion.	Objection 1 is comprehensively presented, with supporting evidence and ethical argument. Rebuttal is well supported with referenced argument.	/7
Objection to the perspective (2)	Objection 2 is not well articulated.	Objection 2 is presented with minimal justification. Rebuttal is limited to factual statements.	Objection 2 is well presented, and rebuttal is supported with some evidence and argument. Rebuttal cites factual evidence and ethical principles.	Objection 2 is comprehensively presented, with supporting evidence and ethical argument. Rebuttal is well supported with referenced argument.	/ 7
Dimension	**1-3**	**4-5**	**6-7**	**8-9**	
Resolutions and recommendations	The question is answered but the answer has not logically flowed from the arguments presented.	The question is answered.	The question is answered and there is a justified resolution. Management implications are identified.	The resolution flows clearly and logically from the arguments presented. Correlation with management decision-making or policy development provided with practical recommendations for action.	/9
Dimension	**1-2**	**3**	**4**	**5**	
Abstract	Inadequate description of project	Summary of highlights of argument but not well-correlated with full report.	Good summary of arguments, objections and resolutions, slightly outside word limit (250-300 words).	Comprehensive summary within word limit.	/ 5
Dimension	**1-3**	**4-5**	**6-7**	**8-10**	
Formatting for written report-writing	Poorly organised	Some variation in standard approach to report-writing. Grammatical and/or language mistakes confusing.	Organised well, according to standard approach to report writing in health management. Minor mistakes in language, grammar Some inconsistencies in formatting of references. May have been outside word limit.	Organised according to expected standards of report presentation in health management. Consistent language, grammar and referencing Within word limit	/10
The overall score must reach 30/50 (60%) for the assessment to be satisfactory.				**Total**	/50

Further Feedback to Candidate:

RTD Assessor's Name: _____

RTD Assessor's Signature: _____ Date: _____