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Medical Leadership and Management

The Education and Training Programs of
The Royal Australasian College of Medical Administrators

Curriculum Document



RACMA
The Royal Australasian College
of Medical Administrators

Acknowledgements

The curriculum project development was a cross-disciplined, collaborative and consultative process that involved Fellows, Associate Fellows, Candidates, other specialist colleagues, academics and community members. The College would like to hereby acknowledge the contributors' part in producing a medical administrative curriculum framework that is reflective of the rich complexity of the role and the constantly evolving environment in which it is executed.

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1 Introduction

The Royal Australasian College of Medical Administrators (RACMA) has developed the Medical Leadership and Management Curriculum to govern the direction and scope of the College's education and training programs.

The RACMA Medical Leadership and Management Curriculum informs the process by which a medical practitioner in Australasia attains the accredited specialty qualification in medical administration and maintains and furthers their knowledge and skills by continuing professional development in the specialty.

The curriculum aims to produce medical practitioners who use both their clinical training and experience and their specialist medical management expertise to lead and influence health service delivery. It reflects the breadth of knowledge and experience of medical practitioners educated to lead from management positions in complex health organisations.

The College's education and training programs are based on the achievement of a range of competencies adapted from the CanMEDs framework, developed in 1996 by the Royal College of Physicians and Surgeons of Canada. The Medical Leadership and Management Curriculum focuses on the specific competencies needed for medical management and leadership practice. These competencies are organised around the seven CanMEDS roles. The central role is that of Medical Leader based on the foundation of medical expertise and supported by competencies embedded in the CanMEDS roles of Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional.

This curriculum project was led by the RACMA Curriculum Committee and our appreciation goes to the Chair of the Committee, Professor Gavin Frost. The Committee has conducted an 18-month cross-disciplinary, collaborative and consultative process involving Fellows, Associate Fellows, and Candidates, other specialist colleagues, academics and community members. This process of development has been ably co-ordinated by Ms Michelle Barrett-Dean and contributed to by the Education Unit in the National Office of RACMA.

It is with great pleasure that we present this documentation of the RACMA Medical Leadership and Management Curriculum, 2011. We are confident this curriculum will provide a firm foundation for supporting and enabling medical practitioners in their quest to be competent specialists in the field of medical administration.



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RACMA



Professor Gavin Frost
Chair Curriculum
Steering Committee
RACMA



Dr Lee Gruner
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2 Medical Administration Defined

The RACMA Board defines medical administration as:

Administration or management utilising the medical and clinical knowledge, skill, and judgement of a registered medical practitioner, and capable of affecting the health and safety of the public or any person. This may include administering or managing a hospital or other health service, or developing health operational policy, or planning or purchasing health services.

RACMA is one of a few medical colleges in the world accredited to offer Medical Administration as a specialty. While many undergraduate and postgraduate medical curricula contain elements of medical leadership these do not equip graduates with adequate skills, knowledge and experience to be safe and effective medical managers.

In an education that focuses purely on clinical practice, medical practitioners receive little or no training in areas such as national health systems governance, health law, health economics and health care financing, health care organisation, human resource management, communication and collaboration with diverse and sometimes conflicting stakeholders, education, strategy and change management. Competence in these areas is essential in the medical leader.

3 The Changing Face of Medical Administration

The College was formed in September 1963 in response to the need for 'a professional association dealing with the specialty of medical administration'. Since that time, the specialty of medical administration has continued to change.

The last decade has seen an increased focus on medical governance, with Fellows leading risk management and quality assessment, performance management of medical staff, professional development and credentialling. Consequently Fellows have become less involved in strategic health service and funding issues than they were in the past.

In recent years Queensland (2005) Victoria (2006) and New South Wales (2008) have conducted broad and in-depth inquiries into the performance of their public hospitals. All identified the distancing of clinicians from those in health service management as a key contributor to the systems' failings.

For example, in response to 'growing public disquiet about the quality and safety of public health services in Queensland' and 'specific concerns raised by health professionals about Queensland Health's excessive

structural layers of decision making and bureaucratisation of clinical practice' the Queensland Government commissioned an independent inquiry, conducted by Peter Forster in 2005, to investigate the situation.

The Forster Queensland Health System Review received numerous reports from medical practitioners who felt 'undervalued and marginalised from the Queensland health care system...where their skills were not appreciated, where junior doctors felt unsupported and where they had limited ability to influence the way the health system was run.'(Forster, 2005)

In 2006 the Victorian Government announced a Ministerial Review of the impact that clinical and corporate governance reforms were having on senior medical staff in Victorian public health services. As in Queensland, the review panel received numerous reports of the negative impact that 'progressive bureaucratic expansion, repeated changes in senior management, constant changes in management strategy, repeated re-organisations of resources and progressive separation of management from medical, nursing and paramedical staff'(Forster, 2005) was having on medical staff morale, productivity and the quality and safety of patient care.

In NSW, the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (Garling, 2008) made similar findings. The Commission received reports of clinicians losing the ability to make decisions at the local level partly due to the centralisation of health service management in or near one hospital or area health service, leaving some clinicians and middle managers at locations physically distant from decision makers. The physical distancing of management coupled with an increase in administrative layers required to make decisions has reportedly made things worse. The other significant factor contributing to the growing divide between health service management and clinicians was the lack of clinical training among health service managers. It was reported that 'there are too many non-clinicians in key management positions'; and that 'managers with a clinical background are valuable and too few and far in between'; 'directors of clinical operations should have a medical background, rather than a financial and accounting background'; 'the number of opportunities for medical practitioners to take up managerial roles should be increased, along with greater opportunities to undertake the education and training to develop the necessary skills'.

In 2008/2009 RACMA designed and undertook a survey in collaboration with the Royal Australasian College of Surgeons (RACS) to explore relationships between surgeons and medical administrators (The Quarterly, June 2009). The survey highlighted a clear divide between these key clinical groups and the challenges which need to be addressed to build relationships based on trust and engagement. The Colleges have developed a series of workshops to develop mutual understanding of the patient focus perspectives of each group. The first workshop occurred in Sydney in November 2009 and now there are

annual workshops to build relationships between RACS and RACMA Fellows.

More recently the National Health and Hospitals Health Reform Commission made 123 recommendations in its final report, *A Healthier Future for All Australians*, June 2009. Numerous recommendations impact on medical leadership, training and workforce development.

3.1 The Importance of Medical Leadership

There has been much discussion about whether a medical administrator needs to be a medical practitioner or whether a non-medical manager could provide the same level of service. RACMA, through its comprehensive evaluation of health care industry needs, which are discussed in this section, believes that a specialist medical practitioner is fundamental to meeting the multi-factorial, high risk requirements inherent in medical administration.

Effective medical leadership is recognised as essential for improving the performance of health services and enhancing the wellbeing of patients and the quality of outcomes. A growing body of literature has also argued that medical leadership plays an integral part in the success and effectiveness of organisational change in the health sector (Ham, 2003). This is largely because medical practitioners in the health sector are often viewed as having greater control over decisions than workers in other areas. Medical practitioners are more likely to be influenced and persuaded by medical leaders to bring about positive change because they believe they have 'walked a mile in their colleagues' shoes' and view them as more reliant, trustworthy, and credible.

Although the literature provides little insight and clarity about the definition and scope of medical leadership, it has been suggested that medical leaders 'define what the future should look like, align people with that vision and inspire them to make it happen despite the obstacles'. In other words, medical leaders engage people who are difficult to engage, serve as role models for their peers, and create an environment in which quality improvements can thrive. For individuals who are trained to manage individual cases and guard their professional autonomy above all else, the effect of being asked to take on these leadership roles in the consumer interest is considerable, and not often acknowledged.

Being an effective medical leader clearly requires a different set of skills from being a good clinician (Reinersten, 1998). It is therefore important that medical leaders are supported and equipped with the high-level skills required for their role (e.g. leading and developing multidisciplinary teams, understanding organisational systems, processes and interdependencies, redesigning services and working collaboratively with a wide range of stakeholders). Indeed, reviews of medical programs have

found that individuals who participate in leadership training are more likely to feel empowered to influence the provision of patient-centred care, develop a greater sense of self-awareness and confidence to initiate positive change, and promote better team alignment (Stoller, 2008).

In the UK, the NHS (following the first Darzi Report in 2008) established the Enhancing Engagement in Medical Leadership Project. This UK-wide project aims to:

'stimulate creation of a culture where doctors seek to be more engaged in management and leadership of health services, and non-medical leaders genuinely seek their involvement to improve services for patients'.

As part of this project the Institute for Innovation and Improvement has been funded and has to date published a number of works exploring the engagement of doctors in leadership, including:

- Medical Leadership Competency Framework
- Medical Engagement Scale
- Engaging Doctors: Can doctors influence organizational performance
- Engaging Doctors in Leadership: What can we learn from international experience and research evidence?
- Medical Chief Executives in the NHS, April 2010.

These and other materials can be obtained at www.institute.nhs.uk/building_capability/enhancing_engagement/enhancing_engagement_in_medical_leadership.html.

The specialist medical manager draws on a combination of clinical and management competencies, to form a bridge between the needs of doctors, other clinicians, government and business to achieve the operational needs of health services and deliver safe patient care outcomes. The integration of medical and management knowledge enables the medical administrator to work through others to accomplish complex outcomes while simultaneously being accountable and accepting responsibility for medical services outcomes. While medical management is not directly involved in the diagnosis and treatment of patients, the clinical skills and knowledge inherent in medical training separate medical managers from other health service executives. The medical manager brings to decisions a medical 'lens' through which they are able to view decisions and emerging issues. It is the application of this medical lens that distinguishes medical management as a specialty

Professional medical managers take a global view of health service delivery and the pathway to improvement. What they need to know in a particular specialty, they can absorb quickly from their medical specialist colleagues to gain an understanding of what is important in moving health care forward. This often involves understanding, absorbing and analysing information from a variety of specialties simultaneously to make a decision to benefit the health service or health service delivery as a whole. Doctors are

the most important health service staff in evaluating new health care interventions and use of resources.

In making daily decisions in health service management, the medical manager applies medical knowledge to assess the impact, consequences, risk and clinical outcomes of management decisions. It is the mandate of the medical manager to apply clinical medicine to the development of policy, strategy, service design, encouraging behaviour change and identifying effective clinical outcomes.

The empirical evidence supporting the contribution of the professional medical manager to improved medical care is primarily qualitative. An analysis of qualitative case studies by Mountford and Webb (2009) looked at the performance of medically qualified health service executives working as chief executives, directors of medical services or department heads. These specialist medical managers were involved in a broad range of activities crucial to sustainable health care delivery and had a direct and immediate effect on the quality and safety of patient care in Australian and New Zealand hospitals. Gruner and Boyd (2006) refer to the influence that specialist medical managers have on medical staff based on their medical expertise. This influence was acknowledged by non-medical managers and was lauded as being instrumental in implementing successful and cost-effective change.

4 Rationale for Developing the Curriculum

As shown in the previous section, evidence emerging from research overseas indicates that health services performance is enhanced where medical practitioners lead.

RACMA Fellows have had a lengthy immersion in medicine both as students and clinicians and the apprenticeship model of learning in medicine provides a unique experience that no non-medical practitioner can achieve. It is their medical knowledge and their experience as practicing clinicians that provides them with the in-depth understanding of the way that clinical staff, and particularly doctors, work within organisations and the ways in which doctors are able to influence health services to implement change. The medical expertise of the management-trained doctor can then be used to influence other doctors to support and nurture those changes which simultaneously benefit patients and health services to provide better outcomes for health services as a whole.

In 2010, RACMA commissioned a study of medical leadership training in Australia and New Zealand (Siggins Miller 2010) which identified a plethora of largely short didactic training programs for clinicians funded variously by government agencies and employers. Most notable was the absence of a national framework for medical

practitioners to guide the development of competency through undergraduate to postgraduate and the continuing assessment/maintenance of standards for medical leadership. The College is developing a strategy to respond to this gap, and the Medical Leadership and Management Curriculum Framework is part of this.

The growing impact of higher expectations of quality and safety in health care and the importance of robust appointment, credentialling and performance management procedures for medical staff underpin the need for a well-trained and competent medical manager workforce into the future. Medical managers are involved in a range of activities that are crucial to sustainable health care delivery and have a direct and immediate effect on the delivery of health care in Australian and New Zealand hospitals.

The College Board has made advocacy a key strategic priority. The Chief Executive and the Board continue to strengthen liaisons in Australasia, and elsewhere, with key national and jurisdictional stakeholders in order to support and fund the training of doctors in medical management and leadership.

5 Curriculum Development Process

The RACMA Training Program in medical administration has been delivered since the 1960s and its primary goal has always been to develop doctors able to lead from senior and executive management roles. The specialist training program has evolved iteratively, driven by the College Board, Censor-in-Chief and Fellows of the College. Documentation of this curriculum is embedded in policies and procedures relating to the conduct of the educational and training programs.

By 2000/2001, most Australian medical colleges had begun to evaluate the work of the Royal College of Physicians and Surgeons of Canada. The CanMEDS competency framework was widely adopted and/or adapted by the majority of specialist medical Colleges, including RACMA. Development of the College's framework of competencies in 2005/2006 enabled it to improve its training program and align it with the needs of the Australian and New Zealand health care systems and the demands of their medical management workforces. Robust debate within the College clarified the differences in competencies and roles between clinician managers and medical administrators. Discussions continue today, particularly as the College continues to advocate for increased recognition and funding of its training program in times of critical workforce need and in the face of rising demand for quality care, accountability and medical leadership.

In the lead up to accreditation by the Australian Medical Council (AMC) in 2007/2008, the College consolidated and integrated this extensive documentation, and in 2010 and

2011 further developed the RACMA Medical Leadership and Management Curriculum. The AMC's review of the College's training programs was positive and the College achieved four years' accreditation. Key among the AMC recommendations was the requirement to complete documenting its curriculum and to report annually on this progress. The College Fellows have embraced this process and its progress is evidenced by this document.

The RACMA Board formed a Curriculum Steering Committee to oversee the development of the Medical Leadership and Management Curriculum. Committee members include the Chair of Education and Training, Chair of the Credentialing Committee, a Jurisdictional Coordinator of Training, a Candidate representative, a number of expert educators and external advisers.

Also consulted were College faculty, Fellows in Australia and New Zealand, Candidates, external experts including employers, policy makers and funding bodies, other specialist colleges, academics and community members.

In addition, the review and development of the RACMA Medical Leadership and Management Curriculum took into account:

- contemporary and best practice adult education principles
- a RACMA curriculum review survey
- the RACMA Constitution, Mission statement, Strategic Plan, Code of Professional Standards, Curriculum Development and Review Policy, Core Competencies Framework and FTP Curriculum document
- the Australian Qualifications Framework (AQF)
- the Australian Medical Council and Medical Council of New Zealand recommendations requirements for specialist medical education accreditation
- benchmarking against other Australian and international medical management education programs, e.g. the British Association of Medical Managers, UK National Health Service and the American College of Family Physicians.

The RACMA Medical Leadership and Management Curriculum is a dynamic document which adapts to the changing needs of Australasian health systems and the medical practitioners who aspire to lead and manage health bodies in Australia and New Zealand.

5.1 Curriculum Objectives

The RACMA Medical Leadership and Management Curriculum:

- reflects the complex, diverse and challenging nature of the specialist medical manager in Australian and New Zealand health systems

- ensures that Fellows are equipped with competencies and perspectives in medical management that focus organisations on patient safety, disaster preparedness, fiscal responsibility and that build confidence for both staff and the community
- articulates the knowledge, skills, behaviours and attitudes expected of a specialist medical manager
- provides an educational framework within which Candidates can learn and develop, by specifying the direction, content, delivery, support and assessment of the stated outcomes
- ensures quality and consistency across the various health care systems, states, territories and countries in which it is delivered
- is dynamic, through ongoing monitoring and review, to ensure currency with medical management issues and developments in medical education
- inspires potential Candidates and trainers to engage in the RACMA Medical Leadership and Management Training program
- provides the standard against which all future medical leadership and management education programs will be compared
- inspires and nurtures lifelong learning and provides opportunities to explore this
- provides an educational resource for training Preceptors, Supervisors, executive Coaches, Censors and others.

5.2 Curriculum Vision Statement

The implementation of the curriculum will ensure a medical specialist who uses the expertise gained and their clinical background to lead and influence health service delivery.

5.3 Curriculum Mission Statement

The RACMA Medical Leadership and Management Curriculum defines the capabilities and competencies for training, attaining and enhancing of the skills of the specialist medical administrator. The curriculum is accredited by the Australian Medical Council and doctors who complete the training program are eligible to join RACMA as Fellows.

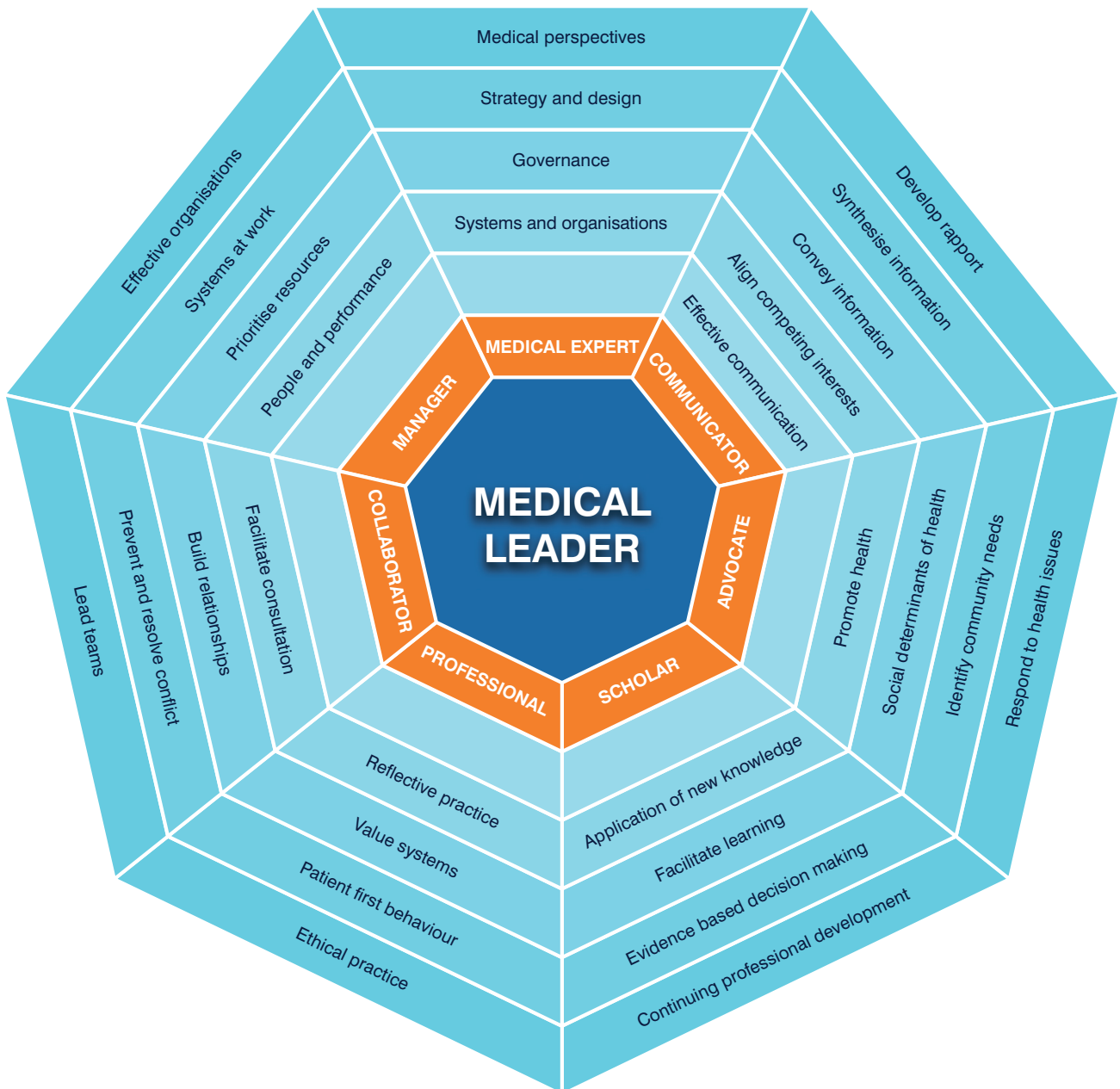
5.4 Curriculum Competency Framework

The College has adapted the CanMEDS model to bring into focus the Medical Leader – the medical specialist with expertise in health organisation management practice.

RACMA's Medical Leadership and Management Curriculum adapts the seven CanMEDS Role competencies of Medical Expert, Communicator, Advocate, Scholar, Professional, Collaborator and Manager. Integrating these role competencies develops

capability in executive management and leadership, which distinguishes the specialist medical administrator. The following figure summarises these seven role competencies and the competency themes of each one.

Figure 1: RACMA Medical Leadership and Management Curriculum Framework



Within each of the role competency themes, the curriculum defines a set of key goals which are further articulated through a set of enabling competencies and objectives. Together these describe the competency framework in the RACMA Medical Leadership and Management Curriculum.

A summary of each role competency with its key goals is set out below and is further explained in Details of Role Competencies starting on page 11.

5.4.1 Summary of the Key Goals of Role Competencies

Descriptions of the key goals for achieving the role competencies of a medical leader follow.

Role Competency: Medical Leader

Key Goals:

- demonstrate intelligent leadership
- achieve high levels of self-awareness
- manage Self in relation to others
- serve in and lead from management roles.

Role Competency: Medical Expert

Key Goals:

- bring medical input to organisational decision making and influence others
- analyse complex problems to discern risks and benefits of actions and plan appropriately
- design and implement appropriate governance systems
- work within a team consulting with other health professionals to achieve organisational goals.

Role Competency: Communicator

Key Goals:

- engage with stakeholders to communicate within and outside the organisation
- analyse complex information and evidence to formulate policy and make decisions
- convey relevant information and explanations to diverse groups
- develop shared understandings and align competing interests
- understand effective communication methodologies and pathways.

Role Competency: Advocate

Key Goals:

- respond to the health needs of patients and populations
- respond to the health needs of communities and systems
- identify the determinants of health for populations
- influence policy and practice to optimise health outcomes.

Role Competency: Scholar

Key Goals:

- maintain and enhance professional activities through ongoing learning
- critically evaluate information for decision making
- facilitate learning for all stakeholders
- demonstrate the ability to apply research skills to management tasks.

Role Competency: Professional

Key Goals:

- demonstrate awareness of ethical issues in managerial and clinical decision making
- demonstrate 'patient first' behaviour
- demonstrate behaviour that is always within the value systems of the College
- demonstrate a commitment to doctor health and sustainable practice.

Role Competency: Collaborator

Key Goals:

- participate effectively and appropriately in an inter-professional healthcare team
- work effectively with other health professionals to prevent, negotiate and resolve inter-professional conflict
- build effective relationships with all stakeholders
- engage and facilitate appropriate consultation around key issues through a variety of mechanisms.

Role Competency: Manager

Key Goals:

- think on your feet while analysing, determining options and acting within real-world timelines
- adopt a systems approach to all management tasks
- be familiar with methods used to prioritise resources and allocate these to appropriately achieve organisational priorities
- implement appropriate human resource management.

5.4.2 Details of Role Competencies

Pages 11 to 24 detail the key goals and objectives for each of the Role Competencies in the curriculum.



Medical Leader role competency statement

As doctors, medical administrators 'run' organisations and lead from management roles; by drawing on a combination of clinical and management competencies and through associations with other clinical and non clinical stakeholders they construct the operational and strategic vision to affect change and achieve safe patient care outcomes and the operational needs of health services.

Competency Theme	1. Leadership
Key Goal	Enabling Competencies and Objectives
1. Demonstrate intelligent leadership	1.1 Has knowledge of current leadership theory
	1.2 Reflects on leadership theory and current practice
	1.3 Creates a shared vision for self and others
	1.4 Leads from a management position when the situation demands
	1.5 Inspires confidence
	1.6 Manages complexity and paradox in a system
Competency Theme	2. Emotional Intelligence
Key Goal	Enabling Competencies and Objectives
2. Achieve high levels of self-awareness	2.1 Identifies the effect of previous decisions on the current situation
	2.2 Selects appropriate personal behaviour for the given context
	2.3 Knows and acknowledges own strengths and weaknesses
	2.4 Effectively manages own emotions
	2.5 Engages in self-directed learning
	2.6 Continually challenges own biases and assumptions
	2.7 Actively reflects on actions and experiences
	2.8 Demonstrates adaptability to context
Competency Theme	3. Relationship to Others
Key Goal	Enabling Competencies and Objectives
3. Manage self in relation to others	3.1 Develops and implements strategies to motivate others
	3.2 Takes responsibility for own actions and performance
	3.3 Demonstrates awareness of impacts of behaviour and decision making on others
	3.4 Seeks out and respects the perspectives of others when making decisions
	3.5 Creates a no blame culture in the work place
	3.6 Builds bridges between different stakeholders
	3.7 Resolves conflicts and creates alignment



Competency Theme	4. Constructive Relationships
Key Goal	Enabling Competencies and Objectives
4. Serve in and lead from management roles	4.1 Shows respect for professional autonomy while facilitating 'followship'
	4.2 Creates environments in which others work to achieve patient and organisational outcomes
	4.3 Leads and develops multi disciplinary teams
	4.4 Defines futures and direction for teams and organisations
	4.5 Delivers effective health service and operational change
	4.6 Achieves results and outcomes through others



Medical Expert role competency statement

As doctors, medical administrators lead from management roles, bringing multiple theoretical perspectives and skills to bring about movement and constructive change in health services organisations for the benefit of quality patient-centred care.

Competency Theme	5. Medical Perspectives
Key Goal	Enabling Competencies and Objectives
5. Bring medical input to organisational decision making and influence others' behaviour	5.1 Has knowledge of health care system organisation and funding
	5.2 Works with health care system to produce optimal results for patients, doctors and staff
	5.3 Understands the Australian and New Zealand health care systems
	5.4 Demonstrates knowledge of best practice in international health care systems
	5.5 Has knowledge of national health issues and priorities, e.g. mental health, funding priorities, rural health, structures, etc
	5.6 Understands doctors motivations, values, 'hot buttons'
	5.7 Understands theories of influence / power / levers for change
	5.8 Demonstrates a transparent consultative style
Competency Theme	6. Strategy and Design
Key Goal	Enabling Competencies and Objectives
6. Medical Administrators analyse complex problems to discern risks and benefits of actions and plan appropriately	6.1 Has knowledge of advantages and disadvantages of new technologies
	6.2 Demonstrates ability to assess impacts of proposals to advance patient care
	6.3 Has knowledge of disaster management principles
	6.4 Demonstrates ability to formulate response management plans
	6.5 Demonstrates knowledge and capacity to source and interpret appropriate data and evidence for decision making
	6.6 Demonstrates ability to assess clinical risk in a variety of scenarios
	6.7 Undertakes or coordinates reviews of services, medico-legal events, etc and provides appropriate advice and identifies solutions



Competency Theme	7. Governance
Key Goal	Enabling Competencies and Objectives
7. Medical Administrators design and implement appropriate governance systems	7.1 Can define health systems theory and practice, including funding models
	7.2 Has knowledge of relevant legislation and implementation
	7.3 Demonstrates understanding of effective systems of governance, e.g. structure and accountability, policy, legislation and regulation and standards, performance management, credentialing and reporting
	7.4 Can discuss key enquiries that have shaped good governance systems
	7.5 Develops options for different health services
	7.6 Accepts that all people have a right to health care
	7.7 Designs and implements corporate and clinical governance systems
	7.8 Educates others on systems of governance
	7.9 Displays enthusiasm and commitment for developing governance systems
	7.10 Demonstrates a consultative style in design and implementation of governance
Competency Theme	8. Systems and Organisations
Key Goal	Enabling Competencies and Objectives
8. Work within a team consulting with other health professionals to achieve organisational goals	8.1 Effectively consults with stakeholders in decision making to align optimal patient and organisation care
	8.2 Monitors patient services and respond appropriately with workable solutions
	8.3 Builds bridges between patients, doctors and organisations
	8.4 Demonstrates understanding of systems of care
	8.5 Demonstrates the plurality of doctor and manager in situations other than patient care, such as advising governments or running organisations
	8.6 Recognises and responds to the ethical dimensions in the interfaces between medical and management decision making
	8.7 Places patient safety and quality first in all decision making



Communicator role competency statement

Doctors as medical administrators use effective communication with a diverse range of stakeholders, to develop solutions to complex health issues, develop safe systems of service and align the patient-centred care with organisational and external expectations.

Competency Theme	9. Develop Rapport
Key Goal	Enabling Competencies and Objectives
9. Medical Administrators engage with stakeholders to communicate up, down and across the organisation – internally and externally	9.1 Understands the importance of communication at all levels
	9.2 Demonstrates rapport with people at all levels
	9.3 Adapts communication styles for different stakeholders
	9.4 Able to develop options for influencing medical staff behaviour
	9.5 Able to tailor the message to different stakeholders
	9.6 Combines clinical and management perspectives
Competency Theme	10. Synthesise Information
Key Goal	Enabling Competencies and Objectives
10. Medical Administrators analyse complex information and evidence to formulate policy and make decisions	10.1 Displays expert knowledge on health care issues
	10.2 Demonstrates high level abstraction and discrimination skills
	10.3 Interprets and synthesises complex information
	10.4 Carries out analysis using expert evidence
	10.5 Is able to articulate clear priorities
	10.6 Demonstrates balance in the representation of alternative views
	10.7 Shows evidence of reflection
	10.8 Challenges assumptions and existing ideas
Competency Theme	11. Convey Information
Key Goal	Enabling Competencies and Objectives
11. Medical Administrators convey relevant information and explanations to diverse groups	11.1 Demonstrates understanding of communication styles and communication theory
	11.2 Teaches competently, e.g. training registrars, mentoring and coaching course
	11.3 Writes reports, policies and plans
	11.4 Able to distil a simple clear message from the evidence base
	11.5 Respects diversity and difference, including the impact of gender, religion and cultural beliefs on decision-making



Competency Theme	12. Align Competing Interests
Key Goal	Enabling Competencies and Objectives
12. Develop shared understandings and align competing interests	12.1 Demonstrates the ability to work within a team and as a leader of a team to obtain outcomes
	12.2 Demonstrates success in convincing others
	12.3 Can discuss adult learning theory and models
	12.4 Develops shared understandings
	12.5 Develops evidence-based alternatives
	12.6 Influences others to question and uses evidence to develop best practice
	12.7 Effectively identifies and explores problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
	12.8 Encourages discussion, questions and interaction in the encounter
	12.9 Engages patients, families and relevant health professionals in shared decision making to develop a plan of care
	12.10 Effectively addresses challenging communication issues such as obtaining informed consent, delivering bad news and addressing anger, confusion and misunderstanding
Competency Theme	13. Effective Communication
Key Goal	Enabling Competencies and Objectives
13. Medical Administrators understand effective communication methodologies and pathways	13.1 Understands the importance of imparting knowledge using different techniques
	13.2 Demonstrates knowledge of communication methodologies and management of communication in organisations
	13.3 Is competent in audio-visual preparation and delivery
	13.4 Demonstrates the appropriate use of written and verbal communication
	13.5 Manages the media



Health Advocate role competency statement

As doctors, medical administrators possess the ability to advocate for the needs of patients, doctors, staff, communities, populations and the health care organisation.

Competency Theme	14. Respond to Health Issues
Key Goal	Enabling Competencies and Objectives
14. Respond to the health needs of patients and populations	14.1 Describes the major issues in current public policy
	14.2 Able to articulate clear priorities
	14.3 Able to distil a simple clear message from the evidence base
	14.4 Has knowledge of workplace health and safety
	14.5 Identifies opportunities to improve quality of care
	14.6 Identifies opportunities to improve organisational functioning
Competency Theme	15. Identify Community Needs
Key Goal	Enabling Competencies and Objectives
15. Respond to the health needs of the communities and systems that they serve	15.1 Can obtain appropriate information about ethics, consumerism, public policy, law, resource allocation and population health
	15.2 Can obtain information which is free of prejudice or bias
	15.3 Understands ethics of resource allocation
	15.4 Demonstrates that information provided is free of prejudice or bias
Competency Theme	16. Social Determinants of Health
Key Goal	Enabling Competencies and Objectives
16. Identify the determinants of health for the populations that they serve	16.1 Identifies the determinants of health of the population, including barriers to access to care and resources
	16.2 Identifies vulnerable or marginalised populations within those served and responds appropriately
Competency Theme	17. Promote Health
Key Goal	Enabling Competencies and Objectives
17. Medical Administrators are able to influence policy and practice to optimise health outcomes	17.1 Able to identify points of leverage
	17.2 Displays an understanding of the prevailing ethos in the political system in optimising health outcomes
	17.3 Displays engaged attitude in policy discussions
	17.4 Identifies points of influence in the healthcare system and its structure
	17.5 Removes self and self interest from solutions to health advocacy issues



Scholar role competency statement

As doctors, medical administrators demonstrate a lifelong commitment to learning as well as the development and communications of new knowledge through research and investigation in the field of medical management and by reflective practice.

Competency Theme	18. Continuing Professional Development
Key Goal	Enabling Competencies and Objectives
18. Maintain and enhance professional activities through ongoing learning	18.1 Can identify personal gaps in knowledge
	18.2 Demonstrates the development of a life-long learning plan
	18.3 Displays behaviour which shows the importance of ongoing learning
	18.4 Reflects on experience to increase self knowledge
Competency Theme	19. Evidence Based Decision Making
Key Goal	Enabling Competencies and Objectives
19. Critically evaluate information for decision making	19.1 Demonstrates ability to research, collate and critically appraise information
	19.2 Thinks laterally and across paradigms
	19.3 Accepts the importance of providing appropriately researched and cited information in reports
	19.4 Is able to describe methods of obtaining new knowledge and skills that will be sought in the future
Competency Theme	20. Facilitate Learning
Key Goal	Enabling Competencies and Objectives
20. Medical Administrators facilitate learning for all stakeholders	20.1 Is able to express knowledge and information in various forms
	20.2 Publishes in journals and the media
	20.3 Contributes as a College faculty member to the education and training of new Fellows
	20.4 Describes principles of educational theory and research
	20.5 Is able to describe adult learning principles and describe how to use them in education
	20.6 Educates others on systems of governance



Competency Theme	21. Application of New Knowledge
Key Goal	Enabling Competencies and Objectives
21. Medical Administrators demonstrate ability to apply research skills to management tasks	21.1 Shows evidence of being up-to-date with new developments in appropriate fields of knowledge
	21.2 Describes the principles of research and scholarly inquiry
	21.3 Describes the principles of research ethics
	21.4 Poses scholarly questions
	21.5 Conducts a systematic search for evidence
	21.6 Selects and applies appropriate methods to address the question
	21.7 Appropriately disseminates the findings of a study
	21.8 Is able to describe the application of new knowledge and skills to management tasks



Professional role competency statement

Medical administrators act at all times within ethical and professional codes and norms of medical practice while also adapting to the expectations of the organisation and the community.

Competency Theme	22. Ethical Practice
Key Goal	Enabling Competencies and Objectives
22. Medical Administrators demonstrate awareness of ethical issues in managerial and clinical decision making	22.1 Displays knowledge of relevant medical ethics
	22.2 Is able to articulate the implementation of ethics in decisions
	22.3 Is able to implement management decisions which are ethically appropriate
	22.4 Always considers the ethical principles in decision making
	22.5 Always acknowledges conflicts of interest
	22.6 Acts consistently and with integrity
Competency Theme	23. Patient First Behaviour
Key Goal	Enabling Competencies and Objectives
23. Demonstrate 'patient first' behaviour	23.1 Demonstrates ability to tease out the patient issues in a scenario
	23.2 Is able to implement systems which are patient focussed
	23.3 Displays a positive attitude towards patients
Competency Theme	24. Value Systems
Key Goal	Enabling Competencies and Objectives
24. Medical Administrators demonstrate behaviour that is always within the value systems of the College	24.1 Is able to identify the core values of the College
	24.2 Utilises values as a base for a framework within which behaviour occurs
	24.3 Displays actions and behaviours that fall within an identified framework
	24.4 Demonstrates desired behaviour in daily practice
	24.5 Demonstrates respect for professional, legal and ethical codes of practice
	24.6 Is accountable at all times
	24.7 Participates in peer review and audits
Competency Theme	25. Reflective Practice
Key Goal	Enabling Competencies and Objectives
25. Demonstrate a commitment to doctor health and sustainable practice	25.1 Is able to accept feedback constructively
	25.2 Is able to change behaviour based on feedback
	25.3 Balances personal and professional priorities to ensure personal health and a sustainable practice
	25.4 Recognises other professionals in need and responds appropriately



Collaborator role competency statement

As doctors, medical administrators foster effective relationships between doctors, other clinicians, patients and other key stakeholders to achieve an improvement in patient health and health services outcomes.

Competency Theme	26. Lead teams
Key Goal	Enabling Competencies and Objectives
26. Participate effectively and appropriately in an inter-professional healthcare team	26.1 Constructs teams and leads where appropriate
	26.2 Encourages contribution
	26.3 Displays a positive attitude to participation in teams
	26.4 Is able to identify key players
	26.5 Integrates the contributions of others
	26.6 Describes the principles of team dynamics
Competency Theme	27. Prevent and Resolve Conflict
Key Goal	Enabling Competencies and Objectives
27. Effectively work with other health professionals to prevent, negotiate and esolve inter-professional conflict	27.1 Demonstrates respectful attitude towards colleagues and members of the inter-professional team
	27.2 Works with other professionals to prevent conflicts
	27.3 Employs collaborative negotiation to resolve conflicts
	27.4 Respects differences, misunderstandings and limitations in other professionals
	27.5 Recognises individual differences, misunderstandings and limitations in other professionals
	27.6 Demonstrates a knowledge of conflict resolution
	27.7 Demonstrates good conflict management and high level communication and interpersonal skills
	27.8 Demonstrates ability to make decisions when faced with multiple and conflicting perspectives
	27.9 Reflects on inter-professional team function
Competency Theme	28. Build Relationships
Key Goal	Enabling Competencies and Objectives
28. Medical administrators build effective relationships with all stakeholders	28.1 Demonstrates an understanding of relevant politics
	28.2 Shows tolerance of ambiguity
	28.3 Demonstrates negotiation skills
	28.4 Forms constructive alliances
	28.5 Builds and maintains relationships



Competency Theme	29. Facilitate Consultation
Key Goal	Enabling Competencies and Objectives
29. Medical administrators engage and facilitate in appropriate consultation around key issues through a variety of mechanisms	29.1 Identifies and works with key stakeholders
	29.2 Applies principles of Evidence Based Medicine in management
	29.3 Displays an ability to cope with complex and uncertain situations
	29.4 Displays an ability to 'sit with' the differences between the stakeholders in health systems
	29.5 Understands group dynamics, professionalism, professional bureaucracy
	29.6 Uses a variety of mechanisms appropriate for consultative purposes
	29.7 Demonstrates complex problem solving skills



Manager role competency statement

As doctors, medical administrators 'run' organisations and facilitate the work of health service teams through organising resources, planning service delivery and building sustainable practices; providing consistency, order and efficiency in the operation of health services.

Competency Theme	30. Effective Organisations
Key Goal	Enabling Competencies and Objectives
30. Think on your feet while analysing, determining options and acting within real world timelines	30.1 Demonstrates a broad knowledge of business and medical ethics
	30.2 Demonstrates a broad knowledge of organisational dynamics
	30.3 Demonstrates ability to prioritise tasks
	30.4 Demonstrates analysis of possible options
	30.5 Demonstrates ability to act quickly when necessary
	30.6 Displays an understanding of their own level of comfort with risk taking
	30.7 Produces pragmatic solutions to problems, utilising least worst option
Competency Theme	31. Systems of Work
Key Goal	Enabling Competencies and Objectives
31. Medical Administrators adopt a systems approach to all management tasks	31.1 Identifies the effect of previous decisions on the current situation
	31.2 Displays a broad knowledge of business and operational processes
	31.3 Demonstrates the ability to manage an organisational unit
	31.4 Obtains and utilises appropriate corporate knowledge
	31.5 Describes the use of systems theory in management
	31.6 Demonstrates the application of systems theory to management tasks
	31.7 Uses information to develop new systems (does not re-invent the wheel)
	31.8 Consults widely
	31.9 Communicates vision and direction for others to follow



Competency Theme	32. Prioritise Resources
Key Goal	Enabling Competencies and Objectives
32. Be familiar with methods used to prioritise resources and allocate these appropriately to achieve organisational priorities	32.1 Develops and implements budgets for decision making and managerial control
	32.2 Allocates resources effectively
	32.3 Prepares and explains finance and performance reports
	32.4 Has knowledge of accounting principles
	32.5 Demonstrates the ability to act on financial information
	32.6 Understands health financing models, e.g. activity based funding
	32.7 Prepares business cases and cost benefit analyses
	32.8 Identifies the drivers of demand and expenditure within health care
	32.9 Demonstrates the ability to critically analyse, e.g. financial statements, business cases, audits and complaints
	32.10 Prepares services and capital plans
Competency Theme	33. People and Performance
Key Goal	Enabling Competencies and Objectives
33. Implement appropriate human resource management	33.1 Recruits, allocates and monitors human resources
	33.2 Implements policies and procedures for effective clinical governance
	33.3 Manages performance of self, others, and systems of work
	33.4 Implements staff policies and procedures, e.g. credentialling
	33.5 Implements performance management

6 Curriculum Structure

The RACMA training program is a (minimum) three-year program. Candidates must fulfil the requirements of each component to be eligible for fellowship.

6.1 Components

The following table summarises the components of the Medical Leadership and Management Curriculum. Below it is further description of each component, with the delivery and assessment methods.

Component 1: Satisfactory completion of the RACMA national training program, which is controlled by the Education and Training Committee. This program includes annual workshops, written work, preceptorship and coaching (accelerated pathway), in-training assessment reports and oral examination. The training program is delivered at national level and Candidates are supported in their jurisdiction by Jurisdictional Coordinators of Training.

Component 2: Formal academic studies at an Australian or New Zealand university in a Masters degree (or equivalent), which contains the core subject matter required by RACMA.

The following core content areas satisfy RACMA requirements:

- health care systems: the principles and practice of Australian or New Zealand health systems
- health law and ethics: ethics and law in public health and in the management of health care institutions, with a focus on public health and health care management
- health economics: an introduction to issues and theoretical perspectives of health economics in the local and national context
- financial management in health: particularly the three main accounting statements – the balance sheet, profit and loss statement and cash flow statement

- epidemiology and statistics: the distribution patterns and determinants of disease and disability with particular reference to diseases of major concern in Australasia
- two appropriate management units, e.g. human resources in health, clinical governance and risk management, management and organisation, quality and health systems improvement.

Units covering core content are generally supplemented by elective units that offer the opportunity for Candidates to explore areas of interest to a greater depth. Appropriate management electives may include public health, quality and safety, medical ethics, governance, leadership, organisation, human relations or industrial relations. There may also be the opportunity for Candidates to undertake a case study as part of the academic program, which permits further reflection on, and development of, initial areas of study.

Completion of the university Masters degree program typically occurs over a three-year period. It may be undertaken before or during the period of candidacy. The recognition of prior academic study is assessed on an individual basis by the College. Where credit is granted, Candidates are exempted from the full requirement to undertake the university Masters degree program.

Before enrolment, Candidates are required to discuss their preferred study program with the relevant Jurisdictional Coordinator of Training and their preferred university, to be sure that the program satisfies College requirements.

Component 3: a minimum of three years full-time or equivalent, supervised medical management experience in an accredited training post in a health workplace.

Although a diversity of training posts is preferred to broaden experience, training may be undertaken at a single health service where the Candidate is in a substantive position. Candidates have an on-site management Supervisor and a College Preceptor for the duration of their training. When a Candidate relocates their employment during their Fellowship training program, a new Supervisor and training post will be approved.

Table 1: Components of the Medical Leadership and Management Curriculum

Component	Content	Delivered By	Assessment Method
1	RACMA training program	National Education and Training Committee Jurisdictional Coordinators of Training	RACMA program requirements and accredited resources
2	University Masters degree studies or equivalent	RACMA-recognised universities or equivalent	University program requirements
3	Supervised workplace training in medical services management	Accredited training posts with RACMA supervisors	College/training organisation accredited/recognised by RACMA

Candidates must advise the College of Supervisor changes or if they relocate employment or rotate to a new training post. A new College Preceptor is allocated only if the Candidate moves between states, the Preceptor moves between states or the Candidate requests a new Preceptor.

Candidates are expected to progress from Novice to Competent (Dreyfus: Competent Skill Level), at a minimum, by the time they take the oral examination. Once they have passed the oral examination and completed all the training requirements, Candidates become graduates of the College and are eligible to apply for Fellowship. With increasing experience, more challenging roles and continuing professional development, new Fellows move from Competent to Expert in the years following the oral examination.

6.2 Individual Training Plan

Each year Candidates develop an individual training plan. This plan is developed in conjunction with a Candidate's Supervisor and Preceptor and involves aspects from components 1– 3 above.

6.3 Progression

The progression of a Candidate through the RACMA curriculum to assessment as a competent medical administrator is mapped to the Dreyfus model of skills acquisition (Dreyfus 1980). This model is shown in the following table.

Table 2: Modified Dreyfus Model of Skills Acquisition: Novice-to-Expert scale

Skill Level	Knowledge	Standard of work	Autonomy	Coping with complexity	Perception of context
Novice	Minimal, or 'textbook' knowledge without connection to practice	Unlikely to be satisfactory unless closely supervised	Needs close supervision or instruction	Little or no conception of dealing with complexity	Tends to see actions in isolation
Apprentice (Beginner)	Working knowledge of key aspects of practice	Straightforward tasks likely to be completed to an acceptable standard	Able to achieve some steps using own judgment, but supervision needed for overall task	Appreciates complex situations but only able to achieve partial resolution	Sees actions as a series of steps
Competent	Good working and background knowledge of area of practice	Fit for purpose, though may lack refinement	Able to achieve most tasks using own judgment	Copes with complex situations through deliberate analysis and planning	Sees actions at least partly in terms of longer-term goals
Proficient	Depth of understanding of discipline and area of practice	Fully acceptable standard achieved routinely	Able to take responsibility for own work (and that of others where applicable)	Deals with complex situations holistically, decision-making more confident	Sees overall 'picture' and how individual actions fit within it
Expert	Authoritative knowledge of discipline and deep tacit understanding across area of practice	Excellence achieved with relative ease	Able to take responsibility for going beyond existing standards and creating own interpretations	Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease	Sees overall 'picture' and alternative approaches; vision of what may be possible

From: *Professional Standards for Conservation, Institute of Conservation (London) 2003, based on the Dreyfus model of skills acquisition.*

7 Content and Learning Strategies

Delivery of the RACMA Medical Leadership and Management Curriculum draws on the principles of adult learning and an apprenticeship-style approach in which senior Fellows of the College preceptor, coach and mentor Candidates to acquire key competencies. The formal university Masters degree studies contribute theoretical studies in the multiple disciplines which underpin management studies. Each Candidate's work place is different and as such offers a diversity of learning experiences. As adult learners, Candidates are responsible for their own education and outcomes. The College, university and workplace take responsibility for providing the learning platform for the Candidate. Candidates are expected to take advantage of the educational opportunities offered, to identify personal gaps and pursue information and support to address these.

While undertaking their studies, Candidates maintain their general registration (as required by the Medical Board of Australia) and continue the professional development required for any existing specialist medical qualifications.

7.1 Teaching activities

Exposure to senior Fellows and experts in health management during training provides the context for formal theoretical studies and practical workplace experiences.

College workshops enable Candidates to communicate with a variety of senior Fellows. Discussion and debate assist reflection and learning about the management process while placing Candidates' own experiences in the broader context of the health system and the community. Candidates participate in several workshops during their candidacy, namely the national Induction Workshop, Communications Workshop, and the Pre- Examination Workshop. Further workshops and learning opportunities are conducted at jurisdictional level by senior College Fellows to support Candidates.

The following table lists suggested workplace learning activities that may provide the experiences required to achieve the key goals of the role competencies of Medical Leaders and Managers.

Table 3: Learning and Assessment Activities in the Medical Leadership and Management Curriculum

Role	Competencies	Key Goals	Workplace Activities	Novice (needs close supervision or instruction, little or no concept of dealing with complexity)	Apprentice (able to achieve some steps to an acceptable standard using own judgement, but supervision needed for overall task)	Competent (able to achieve most tasks using own judgement; fit for purpose, though may lack refinement)	Assessment
Leader	Demonstrate intelligent leadership	<p>Lead service business and quality planning processes. Manage crises.</p> <p>Manage a major change process.</p> <p>Create a vision that others endorse.</p> <p>Observe leaders' styles and effective leaders.</p>	<p>Provide input to business and quality planning processes.</p> <p>Become familiar with the organisation's disaster/crisis management plan.</p> <p>Provide support, assist supervisor in change management project.</p>	<p>With some supervision take responsibility for key aspects of:</p> <ul style="list-style-type: none"> business and quality planning processes. disaster/crisis management planning planning for change. 	<p>Lead service business and quality planning processes.</p> <p>Manage a crisis to resolution.</p> <p>Implement an organization wide change process.</p> <p>Provide strategic advice.</p>	<p>Leadership case study</p> <p>In training assessment</p> <p>Oral examination</p>	
Leader	Achieve high levels of self awareness	<p>Conduct self assessment/ self audit e.g. 360°, Enneagram. Reflect on the outcomes of self audit and apply them to leadership style.</p> <p>Demonstrate engagement in self-directed learning, e.g. reviewing literature to enhance theoretical knowledge of leadership, completion of postgraduate studies in leadership and management.</p>	<p>Conduct self-assessment, e.g. Enneagram. Use the result to identify suitable leadership activities with the supervisor.</p> <p>Keep a reflective diary.</p> <p>Undertake professional reading.</p>	<p>Participate in self audit, e.g. 360°.</p> <p>Participate in critical reflection at RACMA Communication Workshop.</p> <p>Keep a reflective diary.</p> <p>Undertake professional reading.</p>	<p>Participate in self-audit, e.g. 360°. Discuss feedback with supervisor and identify suitable developmental activities.</p> <p>Demonstrate ongoing learning, e.g. Present at leadership events or seminars.</p>	<p>Self-audit and peer review.</p> <p>Reflective writing exercises, e.g. Management Practice Folio papers.</p> <p>Post graduate studies in management and leadership.</p>	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Leader	Manage self in relation to others	<p>Resolve personal conflicts in relation to others.</p> <p>Liaise with different stakeholder groups, both internal and external to the organisation.</p> <p>Consult widely, e.g. through staff/patient satisfaction surveys and focus groups before initiating change.</p>	<p>Attend conflict resolution meetings.</p> <p>Attend stakeholder consultations.</p> <p>Assist in the design, delivery and analysis of staff/client satisfaction surveys.</p> <p>Undertake post graduate management and leadership studies.</p>	<p>Resolve conflicts.</p> <p>Consult with stakeholder groups and initiate meetings to discuss issues of mutual concern.</p> <p>Implement staff/client satisfaction surveys.</p> <p>Attend leadership workshops and seminars.</p>	<p>Anticipate and implement strategies to mitigate conflict.</p> <p>Influence inter-professional decision making.</p> <p>Demonstrate well being and achievement of work/life balance.</p>		
Leader	Serve and lead from management roles	<p>Establish realistic and achievable key performance indicators, goals, aims, etc (both personal and for team members) with appropriate timelines and evaluation points.</p> <p>Participate and encourage participation in health enhancement projects and initiatives for practitioners and other staff.</p> <p>Influence others through position and personal characteristics and inspire commitment in others.</p> <p>Create a vision that others endorse.</p>	<p>Participate in performance management exercises.</p> <p>Assist in the research and development of health enhancement projects.</p> <p>Undertake a supervised leadership project.</p>	<p>Establish realistic and achievable key performance indicators, goals, aims, etc, (both personal and for team members) with appropriate timelines and evaluation points.</p> <p>Participate and encourage participation in health enhancement projects and initiatives for practitioners and other staff.</p>	<p>Establish realistic and achievable key performance indicators, (both personal and for team members) with appropriate timelines and evaluation points.</p> <p>Initiate, oversee and participate in health enhancement projects and initiatives for practitioners and other staff.</p> <p>Achieve demonstrable results and outcomes for the organisation.</p>	<p>Leadership case study</p> <p>In-training assessment</p> <p>Oral examination</p>	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Medical Expert	Bring medical input to organisational decision making and influence others	Participate in or chair key committees, e.g. peak executive/Board, patient satisfaction, resources, patient advocacy, stakeholder, patient safety or complaints. Review, develop and promulgate internal policies and procedures of the organisation and be able to communicate these to various stakeholders within and outside the organisation.	Participate in key committees, e.g. patient satisfaction, resources, patient advocacy, stakeholder, patient safety or complaints. Assist supervisor in the review and development of internal policies and procedures of the organisation. Work under supervision to communicate policies and procedures within the organisation.	Participate in or chair key committees, e.g. patient satisfaction, resources, patient advocacy, stakeholder, patient safety or complaints. Review and develop internal policies and procedures of the organisation and be able to communicate these to various stakeholders within and outside the organisation.	Chair key committees, e.g. peak executive/Board, patient satisfaction, resources, patient advocacy, stakeholder, patient safety or complaints. Oversee the review, development and promulgation of internal policies and procedures of the organisation and lead the communication of these to various stakeholders within and outside the organisation.	In-training assessment reports Oral examination	
Medical Expert	Analyse complex problems to discern risks and benefits of actions and plan appropriately	Conduct an organisational impact assessment or needs analysis for the introduction of a new technology or process. Research process improvement cases from other hospitals. Review clinical incident reports and produce a list of recommendations to institute change. Conduct a patient impact assessment into the introduction of new processes.	Assist in an organisational impact assessment or needs analysis for the introduction of a new technology or process. Research process improvement cases from other hospitals. Assist in the review of clinical incident reports. Assist in the conduct of a patient impact assessment into the introduction of new processes.	Develop and assist in the conduct of an organisational impact assessment or needs analysis for the introduction of a new technology or process. Research process improvement cases from other hospitals. Review clinical incident reports and draft recommendations to institute change. Participate in a patient impact assessment into the introduction of new processes.	Conduct an organisational impact assessment or needs analysis for the introduction of a new technology or process. Research process improvement cases from other hospitals. Review clinical incident reports and produce a list of recommendations to institute change. Conduct a patient impact assessment into the introduction of new processes.		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Medical Expert	Design and implement appropriate governance systems	Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee. Be involved in Coronial reports and/or investigations, FOI requests, insurer notifications, medico-legal reports and subpoenas.	Participate in an organisational quality committee. Be involved in one or more of: <ul style="list-style-type: none"> clinical Risk Management training or activity review of a clinical incident quality improvement activity. 	Actively participate in an organisational quality committee. Be involved in Coronial reports and/or investigations Be involved in one or more of: <ul style="list-style-type: none"> clinical Risk Management training or activity review of a clinical incident quality improvement activity. 	Actively participate in or Chair an organisational quality committee, preferably the peak executive or Board quality committee. Be involved in Coronial reports and/or investigations, FOI requests, insurer notifications, medico-legal reports and subpoenas. Actively participate in one or more of: <ul style="list-style-type: none"> clinical Risk Management training or activity review of a clinical incident quality improvement activity. 		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Medical Expert	Work within a team consulting with other health professionals to achieve organisational goals	Gain experience in operational activities such as: <ul style="list-style-type: none"> unit or divisional operational committees service development service review planning activities, e.g. strategic, capital, business, operational or quality other committees, e.g. Infection Control, Medical Advisory or Blood Transfusion. 	Work with supervisor to gain exposure to operational activities such as unit or divisional operational committees.	Identify and participate in activities to increase operational knowledge and experience, such as: <ul style="list-style-type: none"> unit or divisional operational committees service development service review. 	Broad experience in a range of operational activities such as: <ul style="list-style-type: none"> unit or divisional operational committees service development service review planning activities, e.g. strategic, capital, business, operational or quality other committees, e.g. Infection Control, Medical Advisory or Blood Transfusion. 		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Communicator	Engage with stakeholders to communicate across the organisation, and represent the organisation externally	<p>Chair or actively participate in a range of health service committees, e.g. complaints, adverse events, consumers or advocacy.</p> <p>Represent the organisation on committees with external organisations.</p> <p>Where possible, participate in:</p> <ul style="list-style-type: none"> • Senior Medical Staff (SMS) credentials committee • SMS appointment processes • Junior Medical Staff (JMS) appointment processes • International Medical Graduate appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS. 	<p>Participate in a range of health service committees, e.g. complaints, adverse events, consumers or advocacy.</p> <p>Where possible, participate in:</p> <ul style="list-style-type: none"> • JMS appointment processes • IMG appointment processes • performance management of JMS • education and training of JMS. 	<p>Chair or actively participate in a range of health service committees, e.g. complaints, adverse events, consumers or advocacy.</p> <p>Represent the organisation on committees with external organisations.</p> <p>Where possible, participate in:</p> <ul style="list-style-type: none"> • SMS credentials committee • SMS appointment processes • JMS appointment processes • IMG appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS. 	<p>Research oral presentation</p> <p>Oral examination</p> <p>In-training assessment reports</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Communicator	Analyse complex information and evidence to formulate policy and make decisions	Generate policy and procedures based on best evidence and involvement with relevant stakeholders. Write briefing documents and responses to government policy for the advice of CEOs, heads of government departments and ministers.	Be familiar with organisational policies and procedures and the policy development process. Draft summaries of government policies.	Engage with stakeholders to generate draft policies and procedures. Support these with best evidence. Write briefing documents and responses to government policy for the advice of line managers and colleagues.	Generate policy and procedures based on best evidence and involvement with relevant stakeholders. Write briefing documents and responses to government policy for the advice of CEOs, heads of government departments and ministers.		
Communicator	Convey relevant information and explanations to diverse groups	Experiences in operational activities such as: <ul style="list-style-type: none"> unit or divisional operational committees service development service review planning activities, e.g. strategic, business, operational or quality other committees, e.g. infection control, medical advisory or blood transfusion. Prepare business cases, rationales for decisions and actions. Be aware of new communication methodologies eg social networking and the potential issues related to them.	Work with supervisor to gain exposure to operational activities such as unit or divisional operational committees.	Identify and participate in activities to increase operational knowledge and experience such as: <ul style="list-style-type: none"> unit or divisional operational committees service development service review. Understand the process involved in preparation of a business case.	Broad experience in a range of operational activities such as: <ul style="list-style-type: none"> unit or divisional operational committees service development service review planning activities, e.g. strategic, capital, business, operational or quality other committees, e.g. Infection Control, Medical Advisory or Blood Transfusion. Prepare business cases, rationales for decisions and actions.		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Communicator	Develop shared understandings and align competing interests	<p>Converse and negotiate with clinicians on management issues and decisions.</p> <p>Use performance review feedback to inform and identify appropriate professional development activities for staff members.</p> <p>Engage in human resources management activities both as the manager and the subject, e.g. performance reviews, credentialling, resolving conflict.</p> <p>Demonstrate attentiveness and enhanced listening skills to negotiate consensus on a course of action.</p>	<p>Attend joint management/clinician meetings and forums.</p> <p>Understand the organisational human resources policies and procedures.</p> <p>Participate in performance reviews.</p>	<p>Actively participate in negotiations with clinicians on management issues and decisions.</p> <p>Use performance review feedback to inform and identify appropriate professional development activities for staff members and yourself.</p> <p>Demonstrate attentiveness and enhanced listening skills to negotiate consensus on a course of action.</p>	<p>Converse and negotiate with clinicians on management issues and decisions.</p> <p>Use performance review feedback to inform and identify appropriate professional development activities for staff members.</p> <p>Engage in human resources management activities both as the manager and the subject, e.g. performance reviews, credentialling, resolving conflict.</p> <p>Demonstrate attentiveness and enhanced listening skills to negotiate consensus on a course of action.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Communicator	Understand effective communication methodologies and pathways	<p>Chair meetings; facilitate interaction between clinicians and managers.</p> <p>Engage in formal communication with ministers or heads of government departments.</p> <p>Engage in formal and informal communication with heads of departments, senior clinicians, non-clinical staff, and community representatives.</p> <p>Use emotional intelligence when working with diverse stakeholders.</p>	<p>Attend joint meetings of clinicians and managers.</p> <p>Assist the supervisor in the preparation of formal written communications with heads of departments, senior clinicians, non-clinical staff, and community representatives.</p> <p>Observe the supervisor's formal and informal communication with heads of departments, senior clinicians, non-clinical staff, and community representatives.</p>	<p>Facilitate interaction between clinicians and managers by actively participating in or chairing meetings.</p> <p>Engage in formal and informal communication with heads of departments, senior clinicians, non-clinical staff, and community representatives.</p> <p>Attend the RACMA Communication workshop.</p>	<p>Chair meetings; facilitate interaction between clinicians and managers.</p> <p>Engage in formal communication with ministers; heads of government departments and organisation leaders.</p> <p>Engage in formal and informal communication with heads of departments, senior clinicians, non-clinical staff, and community representatives.</p> <p>Use emotional intelligence when working with diverse stakeholders.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Collaborator	Participate effectively and appropriately in an inter-professional healthcare team	Develop political alliances to ensure success of initiatives. Develop communication systems, e.g. to inform SMOs and community services about patient discharges.	Utilise a variety of fora to consult with others. Volunteer to serve on working parties and sub-committees. Undertake finite projects relating to these working parties.	Utilise a variety of fora to consult with others. Develop communication systems, e.g. to inform SMOs and community services about patient discharges. Produce reports, summary documentation to reflect the discussions of the group and circulate widely with appropriate timelines for feedback.	Develop political alliances to ensure success of initiatives. Develop communication systems, e.g. to inform SMOs and community services about patient discharges. Recruit members for committees, sub committees and working parties in order to follow through projects and actively oversee or lead those teams. Utilise a variety of fora to consult with others. Produce reports, summary documentation to reflect the discussions of the group and circulate widely with appropriate timelines for feedback.	In-training assessment reports Oral examination	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Collaborator	Work effectively with other health professionals to prevent, negotiate and resolve inter-professional conflict	<p>Manage a complex complaint.</p> <p>Identify potential conflicts and issues, and work with the protagonists to remove them, e.g. through team meetings, open-door policy, networking.</p> <p>Undertake inter-professional consultation to determine course of action or alternative practice.</p>	<p>Research the organisation's conflict resolution processes and internal/external complaints policies and procedures.</p> <p>Review records of complaints and minutes of the complaints committee to see how the policies and procedures are applied.</p>	<p>Manage a complex complaint.</p> <p>Identify potential conflicts and issues, and work with the protagonists to remove them, e.g. through team meetings, open-door policy, networking.</p> <p>Actively engage and respectfully consult with team members.</p>	<p>Manage a complex complaint.</p> <p>Identify potential conflicts and issues, and work with the protagonists to remove them, e.g. through team meetings, open-door policy, networking.</p> <p>Manage conflicts through to resolution.</p> <p>Undertake inter-professional consultation to determine a course of action or alternative practice.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Collaborator	Build effective relationships with all stakeholders	Participate in key committees, stakeholder groups, professional Colleges and bodies to form strategic, productive and supportive alliances. Network with stakeholders on joint projects.	Have sound knowledge of the organisational structure, mission and values and keep up to date with any major projects, proposals or policy changes that will affect the system. Participate in key committees and stakeholder group consultations.	Have sound knowledge of the organisational structure, mission and values and keep up to date with any major projects, proposals, policy changes that will affect the system. During meetings ensure that all members are heard, respected, included and create an environment of trust. Participate in key committees, professional bodies and stakeholder group consultations.	Participate in key committees, stakeholder groups, professional colleges and bodies to form strategic, productive and supportive alliances. During meetings ensure that all members are heard, respected, included and create an environment of trust. Have sound knowledge of the organisational structure, mission and values and keep up to date with any major projects, proposals, policy changes that will affect the system. Actively network at conferences, seminars, meetings in order to form strategic alliances. Network with stakeholders on joint projects.		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Collaborator		Engage and facilitate appropriate consultation around key issues through a variety of mechanisms	<p>Prepare a business case that involves multiple stakeholders.</p> <p>Plan a new service or facility.</p> <p>Introduce a change project or activities.</p>	<p>Assist in the preparation of a business case that involves multiple stakeholders.</p> <p>Participate in a change project.</p>	<p>Prepare a business case that involves multiple stakeholders.</p> <p>Plan a new service or facility.</p>	<p>Keep abreast of political initiatives relating to healthcare using a variety of media.</p> <p>Prepare a business case that involves multiple stakeholders.</p> <p>Plan a new service or facility.</p> <p>Introduce and manage a change project to completion.</p>	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Think on your feet while analysing, determining options and acting within real world timelines	<p>Manage a crisis; be involved in disaster management planning or critical incident management.</p> <p>Respond to consultations and discussions in progress with a complex group of people.</p>	<p>Be familiar with the organisation's disaster management plan and critical incident management procedures.</p> <p>Establish a historical context relating to any issue or problem by asking questions of key stakeholders, reading agendas and minutes, reports, discussion papers, newspaper articles, etc.</p>	<p>Participate in crisis management; be involved in disaster management planning or critical incident management.</p> <p>Establish a historical context relating to any issue / problem by asking questions of key stakeholders, reading agendas and minutes, reports, discussion papers, newspaper articles, etc.</p>	<p>Manage a crisis; be involved in disaster management planning or critical incident management.</p> <p>Establish a historical context relating to any issue / problem by asking questions of key stakeholders, reading agendas and minutes, reports, discussion papers, newspaper articles, etc.</p> <p>Liaise with and engage external stakeholders on various organisational activities and developments, e.g. patient / client satisfaction surveys, focus groups, services planning, etc.</p> <p>Respond to consultations and discussions in progress with a complex group of people.</p>	<p>In-training assessment reports</p> <p>Oral examination</p>	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Adopt a systems approach to all management tasks	<p>Participate in a relevant project taking a holistic approach; enunciate impacts of plans and proposals on your organisation or on individuals.</p> <p>Facilitate a process improvement team and description of process and outcomes.</p> <p>Facilitate accreditation processes and description of learning.</p> <p>Manage a work unit.</p> <p>Review a monthly unit or divisional budget.</p> <p>Participate in a unit or divisional annual budget building process.</p>	<p>Familiarise yourself with the organisational policies and procedures, missions, values, dynamics, and organisational structure</p> <p>Assist with accreditation processes</p> <p>Participate in a unit or divisional annual budget building process.</p>	<p>Familiarise yourself with the organisational policies and procedures, missions, values, dynamics, organisational structure, etc, and translate these to others.</p> <p>Participate in a relevant project taking a holistic approach; enunciate impacts of plans and proposals on your organisation or on individuals.</p> <p>Facilitate a process improvement team and description of process and outcomes.</p> <p>Review a monthly unit or divisional budget.</p>	<p>Have a sound knowledge of the organisational policies and procedures, missions, values, dynamics, organisational structure, etc, and communicate and translate these to others</p> <p>Manage all aspects of an organisational unit, or department within the health care system</p> <p>Manage a project taking a holistic approach; enunciate impacts of plans and proposals on your organisation or on individuals.</p> <p>Facilitate a process improvement team and description of process and outcomes.</p> <p>Facilitate accreditation processes and description of learning.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Adopt a systems approach to all management tasks	Participate in strategic planning and implementation. Prepare a business case. Participate in a new technology committee or introduction of a new technology process. Manage a budget. Prepare a cost estimate for a project or new initiative.	Participate in a unit or divisional annual budget building process Be actively involved in the preparation of your health care system's accreditation submission.	Manage a work unit. Review a monthly unit or divisional budget. Manage a unit or divisional annual budget building process. Be actively involved in the preparation of your health care system's accreditation submission.			
Manager	Be familiar with methods used to prioritise resources and allocate these appropriately to achieve organisational priorities	Keep abreast of the latest technology and management processes by active targeted research, subscription to management journals, attending conferences, podcasts, workshops, etc. Participate in strategic planning and implementation. Participate in a new technology committee or introduction of a new technology process. Prepare a cost estimate for a project or new initiative. Keep abreast of the latest technology and management processes by active targeted research, subscription to management journals, attending conferences, podcasts, workshops, etc.	Participate in strategic planning and implementation. Participate in a new technology committee or introduction of a new technology process. Prepare a cost estimate for a project or new initiative. Keep abreast of the latest technology and management processes by active targeted research, subscription to management journals, attending conferences, podcasts, workshops, etc.	Compare and contrast your organisation's internal systems and processes, with other reputed organisations to lead change and foster improvement. Keep abreast of the latest technology and management processes by active targeted research, subscription to management journals, attending conferences, podcasts, workshops, etc. Critically appraise a clinical trial publication addressing the strengths and weaknesses of the study. Prepare a financial budget spreadsheet. Critically analyse a business case, audit, financial statement, etc.			

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager		Be familiar with methods used to prioritise resources and allocate these appropriately to achieve organisational priorities			<p>Critically appraise a clinical trial publication, addressing the strengths and weaknesses of the study.</p> <p>Prepare a financial budget spreadsheet.</p> <p>Critically analyse a business case, audit, financial statement, etc.</p> <p>Prepare a business case and cost benefit analysis.</p> <p>Prepare a services and capital plan.</p>	<p>Prepare a business case and cost benefit analysis.</p> <p>Prepare a services and capital plan.</p> <p>Lead strategic planning and implementation.</p> <p>Chair a new technology committee or introduction of a new technology process.</p> <p>Manage a budget.</p> <p>Prepare a cost estimate for a project or new initiative.</p>	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Implement appropriate human resource management	<p>Where possible, manage an individual or unit. Medical staff management is one of the key roles of a medical manager. All Candidates should, where possible, participate in:</p> <ul style="list-style-type: none"> • SMS and JMS credentials committee and appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS. 	<p>Participate in peer review activities, e.g. multi-source feedback, 360° peer review, staff feedback questionnaires.</p> <p>Participate in human resource management activities, e.g. recruitment, performance reviews, poor performance and remediation, resolving conflict, salary negotiation, credentialling, appointments, induction and orientation programs, workforce planning.</p> <p>Participate in:</p> <ul style="list-style-type: none"> • JMS credentials committee and appointment processes • performance management of JMS • education and training of medical staff especially JMS. 	<p>Participate in peer review activities, e.g. multi-source feedback, 360° peer review, staff feedback questionnaires.</p> <p>Engage in human resource management activities both as the manager and the subject, e.g. recruitment, performance reviews, poor performance and remediation, resolving conflict, salary negotiation, credentialling, appointments, induction and orientation programs, workforce planning.</p>	<p>Manage a unit or division.</p> <p>Participate in peer review activities, e.g. multi-source feedback, 360° peer review and staff feedback questionnaires.</p> <p>Establish realistic and achievable key performance indicators, goals, aims, etc, for yourself and members of your team within appropriate timelines and evaluated at multiple points / reporting intervals to provide guidance and direction</p> <p>Engage in human resource management activities both as the manager and the subject, e.g. staffing needs analysis, contract management, IR frameworks, HR policies/ procedures, disciplinary processes, recruitment, performance reviews, poor performance and remediation, resolving conflict, salary negotiation, credentialling, appointments, induction and orientation programs and workforce planning.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager		Implement appropriate human resource management			Participate in: <ul style="list-style-type: none"> • SMS and JMS credentials committee and appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS. 	Participate in: <ul style="list-style-type: none"> • SMS and JMS credentials committee and appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS. 	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Health Advocate	Respond to the health needs of patients and populations	<p>Be aware of and/or participate in cultural committees and other processes that allow cultural diversity to be recognised within the organisation.</p> <p>Provide for cultural needs of major groups in the local community and develop models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve and decisions about service design.</p>	<p>Be aware of cultural committees and other processes that allow for cultural diversity to be recognised within the organisation.</p> <p>Research the organisation's provision for cultural needs of major groups in the local community and develop models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve and decisions about service design.</p> <p>Complete the RACMA Cultural Competence and Ethics modules.</p>	<p>Contribute to relevant organisational committees, e.g. ethics, complaints, resource allocation or risk management.</p> <p>Participate in cultural committees and other processes that allow cultural diversity to be recognised within the organisation.</p> <p>Provide for cultural needs of major groups in the local community and develop models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve and decisions about service design.</p>	<p>Chair or contribute to relevant organisational committees, e.g. ethics, complaints, resource allocation or risk management.</p> <p>Chair or participate in cultural committees and other processes that allow for cultural diversity to be recognised within the organisation.</p> <p>Lead the provision for cultural needs of major groups in the local community and develop models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve and decisions about service design.</p>	<p>Completion of Cultural Competence module</p> <p>Completion of Ethics module</p> <p>In-training assessment reports</p> <p>Oral examination</p>	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Health Advocate	Respond to the health needs of communities and systems	<p>Work with a media advisor on an issue.</p> <p>Present the case for alternative viewpoint.</p> <p>Recognise and where possible support the public advocacy role of clinicians in the organisation.</p> <p>Act as an advocate for medical staff where appropriate.</p>	<p>Participate in meetings with advocacy groups.</p>	<p>Undertake media training.</p> <p>Recognise and where possible support the public advocacy role of clinicians in the organisation.</p> <p>Act as an advocate for medical staff where appropriate.</p>	<p>Work with a media advisor when preparing media response to an issue.</p> <p>Form strategic alliances with key stakeholders in order to advocate and influence effectively.</p> <p>Present the case for alternative viewpoint.</p> <p>Involve and support the public advocacy role of clinicians in the organization, e.g. by involving them on key committees.</p> <p>Respond and negotiate with staff advocacy groups within the organisation.</p> <p>Act as an advocate for medical staff where appropriate.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Health Advocate	Identify the determinants of health for populations	<p>Liaise with patient reference groups, advocacy groups and other community action groups.</p> <p>Keep abreast of political initiatives relating to health care using a variety of media.</p> <p>Access and read a variety of online and offline resources in the areas of ethics, consumerism, public policy and population health.</p>	<p>Attend patient reference groups, advocacy groups and other community action groups.</p> <p>Access and read a variety of online and offline resources in the areas of ethics, consumerism, public policy and population health.</p>	<p>Liaise with patient reference groups, advocacy groups and other community action groups.</p> <p>Keep abreast of political initiatives relating to health care using a variety of media.</p> <p>Access and read a variety of online and offline resources in the areas of ethics, consumerism, public policy and population health.</p>	<p>Liaise with patient reference groups, advocacy groups and other community action groups.</p> <p>Keep abreast of political initiatives relating to health care using a variety of media and disseminate this information throughout the organisation.</p> <p>Access and read a variety of online and offline resources in the areas of ethics, consumerism, public policy and population health.</p>		
Health Advocate	Influence policy and practice to optimise health outcomes	<p>Be involved in policy and procedure development.</p> <p>Prepare submissions or policy advice.</p> <p>Conduct patient surveys to inform quality improvement.</p>	<p>Assist in policy and procedure development.</p> <p>Assist in the preparation of submissions or policy advice.</p> <p>Assist in the preparation of patient surveys to inform quality improvement.</p>	<p>Be involved in policy and procedure development.</p> <p>Prepare submissions or policy advice.</p> <p>Conduct patient surveys to inform quality improvement.</p>	<p>Oversee and lead policy and procedure development.</p> <p>Prepare submissions or policy advice.</p> <p>Conduct patient surveys to inform quality improvement.</p> <p>Critically review information to determine its reliability, e.g. pharmaceutical company sponsored reviews.</p> <p>Write briefing documents and responses to Government policy.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Scholar	Maintain and enhance professional activities through ongoing learning	Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and keep up to date with relevant literature. Be involved in one or more of: <ul style="list-style-type: none"> Clinical Risk Management training or activities Review of a clinical incident Undertake or lead a quality improvement activity. Keep up to date with clinical developments relevant to the organization.	Participate in an organisational quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and keep up to date with relevant literature. Undertake a quality improvement activity.	Actively participate in an organisational quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and keep up to date with relevant literature. Be involved in one or more of: <ul style="list-style-type: none"> clinical Risk Management training or activities review of a clinical incident. Undertake or lead a quality improvement activity.	Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and keep up to date with relevant literature. Be involved in one or more of: <ul style="list-style-type: none"> Clinical Risk Management training or activities review of a clinical incident. Lead a quality improvement activity.	Health Service Evaluation research project Oral presentation of research project In-training assessment reports Leadership case study	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Scholar		Critically evaluate information for decision making	Critically review a peer reviewed management journal article. Participate in evidence-based management training.	Read newspaper articles, peer reviewed journals, podcasts etc, on issues relating to medical management and leadership. Participate in evidence-based management training.	Read newspaper articles, peer reviewed journals, podcasts etc, on issues relating to medical management and leadership. Critically review a peer reviewed management journal article. Participate in evidence-based management training.	Read newspaper articles, peer reviewed journals, podcasts etc, on issues relating to medical management and leadership. Critically review a peer reviewed management journal article.	

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Scholar	Facilitate learning for all stakeholders	<p>Contribute to and participate in the organisation's education program.</p> <p>Write a media release on behalf of the organisation, responding to an issue of public interest.</p>	<p>Participate in the organisation's education program.</p> <p>Join a case presentation forum, journal club, etc. with your medical management peers.</p>	<p>Contribute to and participate in the organisation's education program.</p> <p>Write a media release on behalf of the organisation, responding to an issue of public interest.</p> <p>Educate, mentor or train JMOs, IMGs, etc.</p> <p>Join a case presentation forum, journal club etc., with your medical management peers.</p>	<p>Contribute to the organisation's education program.</p> <p>Write a media release on behalf of the organisation, responding to an issue of public interest.</p> <p>Write for newsletters, magazines, peer reviewed journals, patient educational materials, promotional materials, etc.</p> <p>Educate, mentor or train JMOs, IMGs, etc.</p> <p>Join a case presentation forum, journal club etc. with your medical management peers, e.g. Director of Medical Services (DMS) group, Directors of Medical Services Advisory Committee (DOMSAC).</p>		
Scholar	Demonstrate the ability to apply research skills to management tasks	<p>Participate in research as the primary investigator or collaborator.</p> <p>Present at public forums, conferences, etc.</p>	<p>Participate in work-related research projects.</p> <p>Become familiar with basic research methodologies.</p> <p>Attend research ethics committee meetings and understand NHMRC standards/principles.</p>	<p>Undertake research as the primary investigator or collaborator.</p> <p>Present research proposal and/or papers to peers at public forums, conferences, etc.</p>	<p>Undertake research as the primary investigator.</p> <p>Present research findings to peers orally at Pre-Fellowship workshop.</p> <p>Present research findings at public forums, conferences, etc.</p> <p>Submit research papers for publication.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Professional	Demonstrate awareness of ethical issues in managerial and clinical decision making	<p>Reflect on non-research ethical decision making using a real case study.</p> <p>Keep a journal of reflections.</p> <p>Study ethics.</p>	<p>Read the policies, procedures and professional codes and conduct of the organisation.</p> <p>Reflect on non-research ethical decision making using a real case study.</p> <p>Keep a journal of reflections.</p> <p>Study ethics.</p>	<p>Read the policies, procedures and professional codes and conduct of the organisation.</p> <p>Keep a journal of reflections.</p> <p>Study ethics.</p>	<p>Contribute to relevant organisational committees, e.g. ethics, complaints, quality or adverse events.</p> <p>Read the policies, procedures and professional codes and conduct of the organisation.</p> <p>Recognise tensions between personal ethical values and those of the organisation.</p>	<p>Ethics module</p> <p>In-training assessment reports</p> <p>Oral examination</p>	
Professional	Demonstrate 'patient first' behaviour	<p>Implement strategies to enhance patient care within the work environment.</p> <p>Use patient feedback and community input in decision making.</p>	<p>Assist in the development of strategies to enhance patient care within the work environment.</p> <p>Assist in recording patient and community feedback to inform decision making.</p>	<p>Implement strategies to enhance patient care within the work environment.</p> <p>Use patient feedback and community input in decision making.</p>	<p>Implement strategies to enhance patient care within the work environment.</p> <p>Use patient feedback and community input in decision making.</p> <p>Manage patient complaints and adverse events within your organisation.</p> <p>Liaise with patient advocacy groups to inform quality system improvements.</p>		

Role	Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Professional	Demonstrate behaviour that is always within the value systems of the College	Identify values and ethical issues and how these impact on work. Demonstrate reflective analysis in oral and written form. Modify behaviour following reflection. Encourage reflective interpretation in others. Be aware of and emulate relevant professional codes of conduct eg MBA, AMA	Identify values and ethical issues and how these impact on work. Demonstrate reflective analysis in oral and written form. Modify behaviour following reflection. Utilise the constructive feedback from performance reviews to identify professional development activities.	Identify values and ethical issues and how these impact on work. Demonstrate reflective analysis in oral and written form. Modify behaviour following reflection. Utilise the constructive feedback from performance reviews to identify professional development activities.	Modify behaviour following reflection. Encourage reflective interpretation in others. Read, understand and apply mandatory reporting policies as they apply to the organisation and your profession. Adhere to all conflict of interest regulations within the organisation. Partake in clinical audits, peer review, multi-source feedback, 360° feedback, etc. Utilise the constructive feedback from performance reviews to identify professional development activities.		
Professional	Demonstrate a commitment to doctor health and sustainable practice	Participate and encourage participation in health enhancement projects and initiatives. Maintain an effective work/life balance by monitoring time and stress levels.	Participate in health enhancement projects and initiatives. Maintain an effective work/life balance by monitoring time and stress levels. Identify issues that impact on your work/life balance and develop strategies to combat or maintain them.	Participate in health enhancement projects and initiatives. Maintain an effective work/life balance by monitoring time and stress levels. Identify issues that impact on your work/life balance and develop strategies to combat or maintain them.	Participate and encourage participation in health enhancement projects and initiatives. Maintain an effective work/life balance by monitoring time and stress levels. Identify issues that impact on your work/life balance and develop strategies to combat or maintain them.		

7.1.1 RACMA Leadership Program

Medical administrators 'run' organisations and lead from management roles. The RACMA Medical Leadership and Management Curriculum brings into sharper focus the role and development of RACMA Fellows as leaders.

Leadership infuses all aspects of the RACMA curriculum. The seven CanMEDS competency roles of Medical Expert, Professional, Communicator, Collaborator, Health Advocate, Scholar and Manager, are integrated in the core competency of Medical Leader.

Each RACMA Candidate develops their medical leadership competency over the period of their Candidacy, i.e. the leadership theme permeates the RACMA training program. Candidate leadership training includes a self audit, theoretical studies in leadership, analysis of leadership styles, reflections on leadership and presentation of a leadership case study, as shown in Table 4 below.

7.1.2 Research Training

Training in research and research governance is a theme of the curriculum across the three years of Candidate training and Continuing Professional Development for Fellows of the College. The aim of the research program is for members to achieve competencies in ethical research and the governance aspects of research. The focus of the research is on health services research with governance ensuring quality improvement and safety in research.

Candidate training will include an online module on aspects of research, including a definition of research; generating a research question; conducting database searches; types of research studies; a research application and ethics approval; data collection and analysis; critical appraisal; literature reviews; a research paper; scholarly writing; plagiarism; citation styles and bibliographies. Further training will include health services governance

Table 4: Leadership Program Outline

Novice	Apprentice	Competent
Completion of a self assessment tool e.g. Myers-Briggs or Enneagram	Observation of leadership styles of others and reflection of their effectiveness as leaders Mentoring	Completion of a self audit e.g. 360°
← Workshop/Master class series →		
Induction workshop: perspectives of leadership	Communication and influencing Media training Conflict resolution Relational leadership Reflection/reflective writing; self assessment	Presentation of a medical leadership case study Reflection/reflective writing; self assessment
← On line resources and post graduate studies →		
Theoretical aspects of leadership in health: contemporary literature, resources, bibliography, post graduate studies	Theoretical aspects of leadership in health : contemporary literature, resources, bibliography, post graduate studies	Medical leadership: contemporary literature, resources, bibliography
← Webinar series →		
Introductory topics in leadership	Leadership Case studies	Candidate led discussion of leadership experiences
← Assessment →		
In-training assessment: comments on leadership tasks undertaken and leadership style Reflective diary/Folio	In-training assessment: comments on leadership tasks undertaken and leadership style Reflective diary/Folio	In-training assessment: comments on leadership tasks undertaken and leadership style Presentation of a medical leadership case study Oral examination

research case studies, web links, resources and key readings, delivered with a variety of Web 2.0 tools.

Candidate training also includes a research project, for which a research project proposal will be required. The research project will include a rationale; an application and ethics review; data collection and analysis; critical appraisal and a literature review; a research paper in publication format and scholarly writing and citation.

The research project will be presented orally at a RACMA education event. The Candidates should produce a research project that enables them to be effective managers and leaders of medical institutions in health services research.

8 Assessment Strategy

The training program and its assessment framework ensure Candidates have the skills to be medical leaders in the health systems in which they work. These may be in the private or public sector, hospital or non-hospital settings; in strategic or operational areas; or in public health, hospital or community health.

Candidates are exposed to, and tested in, contemporary health service administration and evaluation skills to equip them for lifelong learning in these areas.

All RACMA assessment tools have two elements:

- a formative element, i.e. they provide the Candidate with feedback on their progress in the acquisition of the knowledge, skills and attitudes required to complete the College training program. Of the suite of assessment tools, the In-Training Feedback Reports, and National Trial exam provide the Candidates with detailed formative feedback without impacting on progression. The Management Practice Folio provides formative feedback but is a hurdle requirement.
- summative assessment, i.e. assessment that impacts on progression through and completion of the training program. This includes completing a Reflective Case Study, presenting a Management Case study and passing an oral examination. To pass the oral examination Candidates must satisfy the examiners that they are able to practice safely, effectively and unsupervised within the area of medical administration. They must demonstrate a good working and background knowledge of medical management and leadership, be able to achieve most tasks using their own judgment, cope with complex situations through deliberate analysis and planning and understand when and how to work with others who have complimentary expertise.

By successfully completing all the requirements of the RACMA Fellowship Training Program including all formative and summative assessment requirements, Candidates demonstrate that they have:

- acquired knowledge of current health service administration and management principles and processes
- learned techniques of leadership and quality review
- learned how to apply knowledge and leadership in health service management.

8.1 Assessment Tools

The assessment tools used in the Fellowship Training Program are mapped to the eight role competencies in the curriculum and the four levels of assessment of skills, competence and performance defined by Miller (1990):

- acquisition of knowledge (knows)
- understanding of leadership (knows how)
- demonstrating knowledge and leadership (shows s/he knows how)
- incorporating the knowledge and expertise into practice (does what s/he knows how).

The Board of Censors develops the following for each assessment tool, both formative and summative:

- aims and standards
- clear guidelines for completion
- impact of the tool on progression through the training program
- guidelines for marking to ensure that competence has been achieved.

In addition, the Board of Censors undertakes regular examiner calibration and training exercises and reviews examiner performance and consistency for major summative assessments.

8.1.1 Oral Examination

The Oral examination requires Candidates to draw on their knowledge, skills and experience to demonstrate their management competence within the context of each question. Candidates must have successfully completed all other requirements of the Fellowship training program before they are eligible to present for the oral examinations.

Candidates are assessed on their general skills, abilities, knowledge and experience as medical administrators, using case study material as the basis of discussion between Candidates and Censors. Candidates are assessed according to the following criteria:

Knowledge (presentation of relevant management theory)

- can discuss relevant management theory and real life practice for the issues identified

- is aware of relevant Federal and State (or Regional) health policies and initiatives
- uses technical terms appropriately.

Skills

(application of relevant management practice)

- is clear and concise in approach to case scenario (clarity of ideas)
- uses a systematic approach (introduction, issues, management, solutions and likely implications)
- identifies all resources that can be used to develop effective response to scenario
- has good oral presentation skills.

Attitude/Behaviour

(provision of appropriate risk and consequence information)

- has a practical approach that would work in a real life situation
- develops a team-based approach to the scenario
- has an attitude reflecting leadership in addressing the issues
- has an attitude of transcending personality challenges.

Overall analysis of the case scenario

- identifies and prioritises issues
- provides appropriate management plan
- identifies and discusses risks and consequences of actions.

Case study material for the oral examination is drawn from the following curriculum topic areas:

- general management principles
- current health policy initiatives
- medico-legal issues in health services management
- financial management of health services
- psycho-social issues in health services management
- human resource management in health services
- planning of health services, including epidemiological studies
- recent advances in health care
- analytical and presentation skills
- personal attributes of leadership
- cultural issues in health services management.

Each Candidate is assessed independently by four pairs of Censors for twenty minutes per pair. The assessments are based upon discussions of case material which the Candidates study for twenty minutes before meeting with the Censors. All case studies contain issues from the

areas listed above. Candidates are expected to elucidate the key issues from the case studies and discuss them logically with the Censors.

9 Governance

The Education and Training Committee is a standing committee of the RACMA Board and it provides governance of the College education and training programs. Faculty members across all jurisdictions in Australia and New Zealand are engaged through College committees, acting as training supervisors, preceptors, coaches, workshop trainers and censors to deliver the RACMA Medical Leadership and Management curriculum. This section outlines the roles and responsibilities of the key components of curriculum governance in the College.

9.1 Chair Education and Training

The Chair is responsible for the maintenance of educational standards for attaining Fellowship and for Continuing Education. The Chair is responsible for the Education and Training Committee and its key subcommittees including the Training Committee, Board of Censors, and Credentialing Committee.

9.2 Training Committee

This committee is a subcommittee of the Education and Training Committee. This Committee's key role is to translate the RACMA Medical Leadership and Management Curriculum into syllabi for delivery at national and jurisdictional levels. Each year it reviews and develops the national learning and teaching activities and facilitates their delivery. It monitors the curriculum and evaluates learning and teaching strategies. It develops an annual faculty training program to ensure supervisors and teaching faculty are well equipped to deliver the curriculum and respond to Candidates' needs.

9.3 Censor-in-Chief and Board of Censors

The Censor-in-Chief is appointed by the College Board and is responsible for:

- all aspects of training assessment
- appointing a team of Censors who will conduct the oral examination
- informing Candidates of the result of the oral examination
- chairing the RACMA Board of Censors.

10 Resources

The resources for the Medical Leadership and Management curriculum are drawn from a number of sources, including College Fellows, university personnel and accredited training personnel, with administrative support from the College's secretariat.

10.1 College Fellows

10.1.1 Censors

Censors are Fellows of the College and represent both the public and private health care sectors. Censors work in pairs to examine both the Case Study presentation and the final oral examination. As far as possible the College provides Candidates with a team comprising both male and female Censors, with a view to avoiding any gender bias in the assessment process.

Censors are appointed by the Board on the recommendation of the Censor-in-Chief. Appointments are for terms of three years, which can be extended to a maximum of three terms. In this way two-thirds of the Censors maintain continuity for the examination processes, whilst new appointees gain direct experience.

A copy of the position description for Censors is available on the College website at www.racma.edu.au.

10.1.2 Preceptors

A Preceptor is a Fellow of the College actively engaged in the field of medical administration. They are not responsible for the day-to-day supervision of the Candidate and generally are not employed at the same training place as the Candidate. Preceptors may have up to three Candidates at any one time.

The Preceptor's responsibilities include to:

- provide guidance and assistance to Candidates to satisfy College requirements
- advise on a Candidate's workplace training activities to ensure that they attain the RACMA competencies. They should monitor the Candidate's progress and the nature of his/her administrative training activities. The Preceptor liaises with the Supervisor about the Candidate's performance and negotiates any changes with the Supervisor
- certify that the Candidate's performance during the three years workplace administrative practice has been satisfactory
- advocate for the Candidate if necessary to ensure their training will meet RACMA Medical Leadership and Management training requirements

- advise the Candidate on other activities to be undertaken to meet RACMA Medical Leadership and Management competencies.

Preceptors play a vital role in supporting Candidates during their three years of training and workplace experience. Each Preceptor undertakes training to ensure they have a thorough understanding of the requirements of the RACMA Medical Leadership and Management curriculum and its syllabus. Preceptors are formally appointed for a period of three years, after which they must re-train for accreditation in the role.

Apart from regular formal reporting requirements, Preceptors meet Candidates regularly, e.g. every three months, preferably face-to-face, to discuss the Candidate's learning experiences and identify issues. Such meetings are more frequent in the first year of Candidacy.

The Preceptor role approximates that of coach. Preceptors must be aware of the Candidate's prior experiences, personal learning style, current position and learning possibilities. They encourage the Candidate to achieve the competencies and assist the Candidate to meet the College requirements. It is particularly important that Preceptors assist their Candidates in reflecting on their experiences and learning during those experiences.

10.1.3 Executive Coaches

An executive coach is a Fellow of the College, trained as a Coach by the College and actively engaged in the field of medical administration. S/he should not be directly responsible for the day-to-day administrative activity of the Candidate and should not be employed within the same institution as the Candidate. It is recommended that each Coach should not be responsible for more than two Candidates at any one time.

According to Landsberg (2003) in *The Tao of Coaching*:

'Coaching aims to enhance the performance and learning ability of others. It involves providing feedback, but it also uses other techniques such as motivation, effective questioning, and constantly matching your management style to each coachee's readiness to undertake a particular task. It is based on helping people to help themselves through interacting dynamically with them – it does not rely on a one-way flow of telling and instructing.'

The coach's responsibilities are to:

- assist the Candidate to develop a training plan which meets College requirements
- provide guidance on and to certify that the Candidate's Case Study is based on real experience
- advocate for the Candidate if necessary to ensure their training will meet RACMA requirements
- advise the Candidate on other activities to be undertaken to meet RACMA competencies.

10.1.4 Jurisdictional Coordinator of Training (JCT)

Jurisdictional Coordinators of Training are appointed by the local state, territory and New Zealand Committees. The JCT is an ex-officio member of the local Committee. The local Committee may itself perform the tasks of the JCT or it may appoint other members.

College education and training programs are made available at a local level by the state, territory or New Zealand JCT. These College officers have important relationships with Candidates, Preceptors and Censors, as they supervise Candidates' progress, support and assessment.

The Jurisdictional Coordinators of Training:

- oversee the progress of Candidates within the jurisdiction
- provide input to Preceptors for each Candidate within the jurisdiction
- assist Candidates in obtaining books and other literature as necessary for the examination process
- coordinate training programs and participate in the accreditation of training posts
- review academic and experiential training for individual Candidates and make recommendations to the Training Committee, as appropriate
- organise trial oral examinations for Candidates
- review reports from Preceptors on the progress of each Candidate and submit these to the Censor-in-Chief
- counsel Candidates who have unsatisfactory examination results or poor In-Training Assessment Reports
- report to the Education and Training Committee any matters of contention, interest or difficulty that Candidates have experienced in that jurisdiction.

10.2 University Personnel

University personnel include lecturers, tutors, exam coordinators and supervisors in the Masters degree program.

10.3 Accredited Training Post Personnel

10.3.1 Supervisors

Each Candidate has a Supervisor who is normally in a substantive position within the Candidate's organisation,

as the Candidate's line manager, so that Candidates have direct or one-on-one contact for discussion, review and reflection about learning experiences.

Candidates should have regular (at least weekly) access to their Supervisor, and the Supervisor is expected to report on the Candidate's progress annually. Supervisors are expected to meet the Candidate's Preceptor at the beginning of each rotation and to formally assess the Candidate's progress annually. If a Candidate relocates their employment during their Fellowship Training Program, the College must be advised and a new Supervisor and training post will be approved.

The Supervisor oversees a Candidate's day-to-day work and is not always a Fellow of RACMA. Supervisors are normally senior managers employed in organisations where trainees hold substantive positions. A trainee's Supervisor may be the Chief Executive or a Board member for a very senior position.

The Supervisor must understand the RACMA core competencies and the prescribed skills to be acquired during the minimum three-years full-time medical administrative experience, and negotiate appropriate training with the Candidate and the Candidate's Preceptor. Supervisors are provided with a handbook at the beginning of their term as a Supervisor. In addition the Supervisor meets with the Preceptor at the beginning of each period of employment.

10.4 College Education Personnel

The National Office provides ongoing support to the training program. The Education Unit of qualified staff supports the College faculty with the development of teaching materials and learning resources, programming of workshops, monitoring and recording of assessment and training records, and producing the annual statement of results.

10.5 College Website and e-resources

The College has developed an interactive website located at www.racma.edu.au. A wide range of resources to support Candidates is located at Candidates Corner on the website. The College is progressively moving to deliver on-line training, e.g. annual Interact webinars, teleconferences and podcasts.

An e-library of current links with relevant policies and reports including management and report resources is available to Candidates on the RACMA website.

11 Curriculum Monitoring and Evaluation

The curriculum is evaluated annually via surveys of the key stakeholders, with a formal evaluation every three years. The following areas are evaluated:

- the currency and appropriateness of the program's content and structure
- the quality of teaching, learning and assessment
- the teaching and learning resources that support the program
- the relevance and effectiveness of the program for both internal and external stakeholders
- the reasons for deferment or resignation of a Candidate
- the effectiveness of the College's administrative support to the program's stakeholders
- the Candidate's acquisition of the knowledge, skills and behaviours of the core competencies and global objectives of the curriculum
- whether the core competencies and global objectives are aligned with the needs of the environment in which the specialist medical manager works.

11.1 Key Stakeholders

The key stakeholders (Candidates, Preceptors, executive Coaches and Fellows) are surveyed annually, and their responses inform the curriculum monitoring and evaluation process. The feedback to be sought from each stakeholder group follows.

11.1.1 Candidates

Candidates are surveyed in July each year on the following topics:

- curriculum content
- curriculum tools, i.e. Management Practice Folio, Reflective case study and Individual Training Plans
- resources, e.g. Handbook, Training manual, online resources
- educational and welfare support
- administrative support
- Preceptor, executive coach, supervisor performance and support
- progress
- university Masters program
- workplace educational program.

Training activities are evaluated by participants at the end of each activity, either through reflective discussion or via a paper-based questionnaire. Evaluations focus on the objectives of the module, content, delivery method, presenters and future directions, for the following activities:

- induction workshop
- medical leaders workshop
- communication/reflective writing workshop
- media awareness workshop
- pre-Fellowship workshop.

The following formative and summative assessments are also evaluated by participants:

- in-training assessment report
- reflective case study
- oral presentation of the case study
- management practice folio
- research project
- trial oral examination
- oral examination.

Deferring or resigning Candidates complete an exit survey to investigate the reason behind their decision and to incorporate suggestions for change into the curriculum review process.

11.1.2 Preceptors and Executive Coaches

An annual online survey each November specifically targets this stakeholder group. It focuses on their training, administrative support and future directions.

11.1.3 Fellows

A longitudinal online survey is conducted one-year post-Fellowship to ensure that the outcome objectives are meeting the demands of the workplace.

An annual online survey of all Fellows is conducted every June, focusing on:

- CEP curriculum content
- E-CEP
- CEP coordinator performance and support
- administrative support
- access to jurisdictionally delivered educational programs
- resources, i.e. Handbook, CEP manual and online resources.

11.1.4 Censors and Examination Observers

An annual online survey is conducted each November, specifically targeted at this stakeholder group. It focuses on the appropriateness of the assessment tools in measuring the specified outcomes, Censor training and future directions.

11.1.5 Supervisors and Employers

An annual online survey is conducted at the end of each year to evaluate the Candidate training program from the perspective of access, performance on training activities, College administrative support, liaison and relationships with College faculty and officers, issues relating to post accreditation, opportunities for improvement in information, support and training activities.

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