



ACN 004 688 215
10/1 Milton Parade
Malvern Vic 3144
(03) 9824 4699
<http://www.racma.edu.au>
email: applications@racma.edu.au

AFFIX
PHOTOGRAPH
HERE

FELLOWSHIP TRAINING PROGRAM

APPLICATION FOR CANDIDACY VIA STANDARD PATHWAY

Year of Commencing Candidacy: 2 0 1 8

Doctors with the following pre-requisites are invited to apply for Candidacy (Standard Pathway) in the RACMA Fellowship Training Program:

- A undergraduate medical degree from a recognized Australian or New Zealand university, or equivalent
- Current general or specialist medical registration in Australia or New Zealand.
- Clinical (direct patient care) experience of at least three years full time equivalent in an Australasian health system, or one that is comparable.
- A suitable management position(s) (training post/s) that will provide Candidates with appropriate Supervised Workplace Experience and will allow Candidates to develop the relevant medical management competencies. Such positions/Training Posts will normally be in Australia or New Zealand and will require accreditation by the College.

Note:

- *This Application Form is only to be used by doctors who have a Medical Management position, which will also be their Training Post.*
- *Doctors who wish to apply for Candidacy, but do not currently have a Training Post – Please register your interest in joining the RACMA Fellowship Training Program by submitting the Expression of Interest Form – Part A (available on the website or contact the National Office at (03) 9824 469.*

Candidates undertaking the RACMA Fellowship Training Program via Standard Pathway will complete:

- Formal academic studies in a university Master's degree program recognised by the College. [Specific subjects will be required.](#)
- A minimum of three years full time equivalent supervised workplace training and assessment with Preceptorship.
- College-based workshops, webinars, learning sets, written assignments and assessment activities as outlined in the program's annual training calendar.
- Research Training Program requirements.
- The Pre-Fellowship Oral Examination

Prior to completing this form, applicants should familiarize themselves with the requirements for Fellowship as outlined on the [RACMA website](#) and in the [College Handbook](#). Applicants should also familiarise themselves with policies of the College that may apply to the applicant when undergoing training, including [RACMA's Discrimination, Harassment, Bullying and Victimisation Policy](#). Candidates are required to pay annual and other fees associated with their training and membership. Please see the [College website](#) for a list of applicable fees.



Instructions

1. Complete all parts of this application form and sign the declaration (in *Part N* below)
Attach all relevant documents, as specified in the checklist (in

2. *Attachment 3* below)
3. Complete the Application for [Accreditation of Training Post](#) ((if applicable, see *Part F* below)
4. Confirm three Referee Reports have been submitted to RACMA **by the due date** as specified on RACMA website
5. Return this form and all required documentation to the details below, **by the due date** as specified on RACMA website.

By post: Candidate Applications
Royal Australasian College of Medical Administrators
10/1 Milton Parade, Malvern, Vic 3144

By email: applications@racma.edu.au (a single email with all attachments included)

6. Candidacy Application Fee must be sent with this documentation otherwise the College will not proceed with your application.

Please refer to the website for [current fees](#).

Note: Candidacy Application Fee is non-refundable

Note

- ❖ The College undertakes to acknowledge receipt of the application within 10 working days.
- ❖ Incomplete forms will not be assessed.
- ❖ Assessment of applications cannot commence until all required documentation has been received, including certified copies of qualifications and academic results, medical registration and referee reports. Scans of certified copies are acceptable. All documents must be received prior to the Application closing date to be considered.
- ❖ If you find the outcome of your application unsatisfactory, you may submit a request for reconsideration and review. Please see additional information on the College [Reconsideration, Review and Appeal of Decisions of the College Committees and Officers](#) policy.



Part A: Personal Details

Title _____ Surname _____

Given names _____

Date of birth D D M M Y Y Y Y

Home Address _____

Home email _____

Telephone _____

Mobile _____

Are you an Aboriginal/Torres Strait Islander?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Part B: Professional Details

Current position title _____

Employer organisation _____

Work address _____

Telephone _____

Fax _____

Work email _____

Direct Line Manager (if applicable)

Name _____

Phone/ Mobile _____

Email _____

Is this position to be your training post? Yes No Other

If 'Other' please comment: _____

Preferred communication method:

Postal address for correspondence Home Work

Email address for correspondence Home Work



Part C: Education

I. Qualifying Medical Degree:

➤ **Please attach a certified copy your testamur**

Title _____

University _____

Country _____ Year of Graduation Y Y Y Y

Other Degrees or Diplomas (please provide details) Yes No

➤ **Please attach certified copies of your medical degree and other qualifications**

II. Fellowships:

Are you already a member of RACMA? No Yes, Associate Fellow Yes, Affiliate

Are you a member of another Medical College(s)? Yes No

If 'Yes', please provide details (College and year, membership type)

➤ **Please attach certified copies of your testamurs**

Are you currently undertaking training towards Fellowship of another medical College? Yes No

If 'Yes', which College(s): _____



Part D: Registration

Are you currently registered as a Medical Practitioner in Australia or New Zealand Yes No

➤ **If 'Yes', Please attach a certified copy of current certificate of registration**

Registration number _____ Expiry date D D M M Y Y Y Y

Are there any restrictions on your registration? Yes No

If 'Yes', please provide detail:

Part E: Professional Experience

Please attach your complete CV to this application. Include in your CV all clinical and managerial experience, including start and end dates for each position held and FTE fraction.

It is a pre-requisite of the RACMA Fellowship Training Program for Candidates to have a minimum of 3 years of full time equivalent (FTE) clinical experience (direct patient care). The College has adopted the Medical Board of Australia's definition of an academic year of 47 weeks (46 weeks for NZ Candidates). This period excludes annual leave but may include up to 2 weeks of professional development.

- **For the purposes of meeting the Candidacy application requirements, please complete the table in [Attachment 2](#) below in support of the 3 year period of your clinical experience at 1.0 FTE (47 weeks x 3). For NZ Candidates the 3 year period is 46 weeks x 3.**
- **Please note: if you have not yet met the minimum requirement of clinical experience, please provide a letter of support from your employer that you will be able to do so by the commencement of your training with RACMA.**



Part F: Training Post

A requirement of the RACMA Fellowship Training Program is that the Candidate completes the equivalent of three academic years full time supervised medical management experience in the workplace. This experience will be gained in an accredited training post during which time the Candidate will have a supervisor (usually their line manager) and a Preceptor allocated by the College.

The College accredits training posts within health service training organisations by assessing workplace information in the application form, accreditation form and confirming details at an accreditation site visit. Assessment includes supervision, infrastructure, support services and a comparison of the workplace experiential opportunities offered by the organisation against the competency requirements of the Fellowship Training Program.

Candidates who change their training post or employer/training organisation whilst still a Candidate in the Fellowship Training Program must ensure this new training post is, or will be, accredited by RACMA. If a training post is not accredited, Candidates may risk this time not being counted towards their RACMA Fellowship training.

Please see [RACMA website](#) for additional information.

Training Post details

(a) Position details

- As in Part B above
- I will be in a position other than my current employment position

(please provide details)

Position _____

Employer organization _____

Work address _____

Supervisor name _____

Supervisor phone _____

Supervisor's email _____

Is your Supervisor currently a FRACMA? Yes No No



(b) Time fraction

FTE _____

Clinical (%) _____ Managerial (%) _____

Total Managerial FTE _____

➤ **Please note: 0.5FTE managerial experience is a required minimum during Candidacy**

(c) Please attach the following **supporting documentation**:

- A **Letter of Support** from your employer/future employer, confirming your:
 - Position/expected position
 - Extent of position (FTE) and time fraction
 - Expected duration of employment
- The most recent version of the **position description and organizational chart** of your training post.

Training Post Accreditation status

➤ **All successful applicants will need to have their Training Post accredited by RACMA.**

Please advise if your Training Post:

- has already been accredited by RACMA
- has been provisionally accredited by RACMA
- has not yet been accredited by RACMA

➤ **Please attach a completed [Accreditation of Training Post](#) form.**

If you have any further enquiries regarding Accreditation of your Training Post, please refer to the [website](#), or contact the National Office on +61 3 9824 4699

➤ **Note: The Accreditation of Training Post form must be returned with this Application for Candidacy to avoid delays in processing your Candidacy.**



Part G: Master's Program

Please provide details of the university Master's degree you have taken or propose undertaking.

Master's Program _____

University _____

Country _____ Year of Graduation/
Expected Graduation Y Y Y Y

Master's Program status Proposed Commenced Completed

I. If 'Proposed' :

Masters courses recommended by RACMA and which meet the Fellowship Training Program requirements are [listed on the College website](#).

(a) Please indicate if your Master's Program is on that list Yes No

(b) If 'No':

➤ **Please attach a detailed course outline, and include description of all units in line with [RACMA core subject area requirements for Master's Degree](#).**

II. If 'Commenced' or 'Completed':

(a) ➤ **Please attach a certificate (if applicable) and a transcript of results to date**

(b) If you have not yet completed your Master's Program:

➤ **Please attach a detailed course outline, and include description of all units in line with [RACMA core subject area requirements for Master's Degree](#)**

(c) Please indicate which of the following RACMA Core Units you have completed

- | | |
|---|--|
| <input type="checkbox"/> Health Law and Ethics | <input type="checkbox"/> Epidemiology and Statistics |
| <input type="checkbox"/> Health Economics | <input type="checkbox"/> Research Methodology |
| <input type="checkbox"/> Health Care Systems | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Financial Management in Health | |

➤ **Please note: if you undertake a Master's Program that does not meet all RACMA core requirements, you may be required to complete additional Master's Units.**



Part H: Publications

Include in your CV any relevant publications.

Part I: Awards / Honours

Please provide details:

Current honorary positions, e.g. board memberships:

Part J: Credit Application

Application for Credit/Exemption

If an applicant has completed a subject, program or course that is of comparable learning and can be counted towards recognition of prior learning in any of the core training and assessment requirements of the RACMA Fellowship Training Program (FTP), he/she may apply for credit with the College. The award of academic credit is based on recognition of comparable learning for studies previously undertaken by the Candidate in a recognized university. Full or part credit for studies will only be awarded if the study has been completed within 10 years prior to the application of credit.

The application must be accompanied by supporting evidence and documentation for the recognition of an applicant’s skills, knowledge and academic achievement obtained outside the RACMA Fellowship Training Program. Examples of supporting evidence and documentation: Transcript of Results /Certificate of Completion and subject/course description which includes learning objectives/outcomes (extracted from Course Handbooks).

Note: Applicants are requested to submit their Application for Credit at the same time as their Application for Candidacy to avoid incurring an additional non-refundable administrative fee for late credit application. Please refer to the [website](#) for current fees.

Are you seeking Credit?

Yes No

➤ If ‘Yes’, please complete the following:

Training Requirement For Which You Are Requesting Credit:



Reasons For Application Of Credit (Attach Any Supporting Documentation):

Name of Comparable Program/Course/Subject (Attach Any Supporting Documentation):

Name Of Awarding Organisation/Institution (Attach Any Supporting Documentation):

_____ Year of Award: _____

Part K: Allocation of Preceptor

You will be allocated an appropriate Preceptor. If there is a Fellow of the College who you would like to nominate as your Preceptor, this will be considered by the Jurisdictional Coordinator of Training and be discussed with the person you have nominated, before a decision is made. The person you nominate must also have been trained as a Preceptor to be considered and should not be your direct supervisor.

Nominated Preceptor name _____

Position _____

Organization _____

Postal Address _____

Email _____

Work Telephone _____ Mobile _____



Part L: Referees

Please forward a copy of the RACMA Referee Report form to three referees. The form can be downloaded from the RACMA website under the '[How to Join ► Fellowship via Standard Pathway](#)' tab.

➤ **Note: the Referees should be your direct line managers from your last and most recent 3 roles (preferably FRACMA).**

Once forms are completed, please ensure referees submit the reports directly to the College. This is the responsibility of the Applicant. **Your application will not be processed until all referee reports are received. Reports submitted with Candidacy applications will not be accepted.**

The College may contact referees for verification purposes. Please list nominated referees below:

1	Name	_____	
	Address	_____ _____	
	Email	_____	
	Telephone	_____	Mobile _____
2	Name	_____	
	Address	_____ _____	
	Email	_____	
	Telephone	_____	Mobile _____
3	Name	_____	
	Address	_____ _____	
	Email	_____	
	Telephone	_____	Mobile _____

Part M: Privacy and Consent Form

RACMA is required to take reasonable steps to ensure that Applicants are aware of certain details including the purposes for which their personal information is collected and the organisations to which it may be disclosed.

Please read the RACMA Privacy Notice and sign the Consent Form in [Attachment 1](#) below.



Part N: Declaration

- I hereby apply for Candidacy with The Royal Australasian College of Medical Administrators.
- I have read the online College Handbook and I acknowledge the requirements outlined for successful completion of the Fellowship Training Program.
- I certify that the information supplied above and in the attachments is complete and correct
- I will notify the College of changes to my personal or professional details and undertake to pay all fees by the due date.
- I authorise the College to place my details on the College (Company) Register and to be passed on to my Jurisdictional Coordinator of Training
- I acknowledge that the Fellowship Training Program should be completed within three years full time or part-time equivalent by approval of the Censor-in-Chief.
- I acknowledge that as a Candidate I am required to comply with the College policies and regulations relating to my RACMA Candidacy and Membership

Signature: Date:



Attachment 1

PRIVACY NOTICE

Personal information (including sensitive and health information) collected in this form or in connection with your RACMA membership will be used to assess and process your application, to administer your RACMA membership and to send you information about programs, services and events that may be of interest.

If you do not provide the personal information RACMA requires you to provide, RACMA may not be able to process your application or provide some or all of the benefits of RACMA membership.

The information RACMA collects about you may be disclosed to your nominated referees and previous employees or placements (for the purpose of assessing your application), to training settings and to individuals and organisations that provide training related services, to persons appointed to perform support, mentoring and assessment functions. Such information may also be disclosed to AHPRA and other regulatory bodies for regulatory purposes, to bodies carrying out credentialing or quality assurance activities, to hospitals or other organisations to which you apply for employment or accreditation, to organisations seeking to source expert advice or consultancy services, to organisations seeking to identify candidates for appointments and awards, to RACMA's external service providers (for example IT contractors and event organisers) and otherwise as required or authorised by law.

In particular, RACMA may collect information about a Candidate from the Candidate's training setting or supervisor, including information about the Candidate's progress, performance and conduct and other information relating to the Candidate's employment at the training setting.

If you are a Fellow or Associate Fellow, your name and the jurisdiction with which you are associated will be published on RACMA's website and in RACMA publications.

RACMA conducts activities in Australia, New Zealand and Hong Kong. Personal information collected in Australia about a RACMA member may be disclosed to a recipient in one of those countries. RACMA may be unable to ensure that the overseas recipient does not breach the Australian Privacy Principles in relation to such information.

For further information about privacy at RACMA, including information about how to access or correct your personal information and about how to make a privacy complaint, see RACMA's privacy policy at <http://tinyurl.com/l9y8kvg>.

CONSENT AND ACKNOWLEDGMENT

I, (name), an applicant for membership of the Royal Australian College of Medical Administrators ('RACMA'):

1. consent to RACMA collecting personal information about me from my nominated referees for the purpose of considering my application for membership;
2. consent to RACMA disclosing such information to the types of organisations described in the above Privacy Notice, for the purposes of considering my application and administering my membership of RACMA (including to a recipient in a country outside Australia, notwithstanding that RACMA may be unable to ensure that the recipient does not breach the Australian Privacy Principles in relation to the information);
3. state that any personal information about another individual (including a nominated referee, employer or emergency contact) that I have provided with this application is provided with that individual's knowledge and consent; and
4. acknowledge that I am not required to provide this consent and may revoke it at any time, but understand that if my consent is not provided or is revoked, I may not obtain any or all the benefits of RACMA membership.

Signature: _____

Date: _____



Attachment 2

CLINICAL EXPERIENCE

It is a pre-requisite of the RACMA Fellowship Training Program for Candidates to have a minimum of 3 years full time equivalent (FTE) clinical experience in direct patient care. The College has adopted the Medical Board of Australia’s definition of an academic year of 47 weeks. This period excludes annual leave but may include up to 2 weeks of professional development.

- **Please note: if you have less than 3 years full time equivalent clinical practice, involving direct patient care, and have not met the pre-requisite of 3 X 47 weeks of clinical experience (3 x 46 weeks for NZ Candidates), please provide a letter of support from your employer that you will be able to do so by the commencement of your training with RACMA.**

Please complete the table below in support of the 3 year (47 weeks x 3) period of your clinical experience. Your CV should also clearly outline the required period of full time equivalent in clinical practice in an approved hospital, general practice and ambulatory locations.

Please list only those positions that will demonstrate the minimum required clinical time. *For example, if you had worked 0.6FTE in a health service for 3 years, of which 50% of your time was dedicated to clinical work, the total clinical FTE for this period would be 0.6*3*50%=0.9FTE, or 0.9*47 weeks = 42.3 weeks of direct patient care experience.*

Position		Years in role	FTE	Clinical work (%)	Total clinical experience	
					FTE	number of weeks
Organisation						
Position						
Organisation						
Position						
Organisation						
Position						
Organisation						
Position						
Organisation						
Position						
Total clinical experience in direct patient care						



Attachment 3

ACCOMPANYING DOCUMENTATION

Please use the checklist below to verify you have attached all required information

➤ **Please note: all copies must be certified**

Part	Accompanying Documentation	Attached	
General			
	A recent photograph attached to the front page of this form	<input type="checkbox"/> Yes	
C	Education		
	Certified copy of your original medical degree	<input type="checkbox"/> Yes	
	Certified copy of your transcript of academic results in your medical degree	<input type="checkbox"/> Yes	
	Certified copies of evidence of other relevant qualifications, e.g. certificate of Fellowship of another medical College, Master’s degree or other post graduate qualifications	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
D	Registration		
	Certified copy of your current medical registration (Australian or New Zealand only accepted)	<input type="checkbox"/> Yes	
E	Curriculum Vitae, including details of	<input type="checkbox"/> Yes	
	<ul style="list-style-type: none"> All positions from internship to the present date including time fractions, appointment dates / organisation, location and supervisor where relevant 	<input type="checkbox"/> Yes	
	<ul style="list-style-type: none"> All clinical and administrative experience including the percentage of total time allocated to each category 	<input type="checkbox"/> Yes	
H	<ul style="list-style-type: none"> Any publications 	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	<i>Attachment 2</i> completed	<input type="checkbox"/> Yes	
	Letter of Support from employer confirming minimum pre-requisite for clinical experience will be met by commencing training with RACMA	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
F	Training Post		
	Letter of Support from employer/future employer	<input type="checkbox"/> Yes	
	A completed Accreditation of Training Post form	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Confirmation of Accreditation of your Training Post	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Most recent position description and organizational chart	<input type="checkbox"/> Yes	



G Master's degree		
	A certified copy of your Health Management Master's degree certificate	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	A certified copy of all the results to date	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	A detailed course outline and description of units undertaken	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
I Awards/Honours		
	Evidence of awards and/or honours you have received	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
J Credit		
	Attached supporting evidence	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
L Referees		
	Please confirm 3 referee reports have been, or will have been, submitted to RACMA by the application due date	<input type="checkbox"/> Yes
M Privacy and Consent Form		
	<i>Attachment 1</i> signed and dated	<input type="checkbox"/> Yes
Error! Reference source not found.	Payment	
	<i>Attachment 4</i> completed	<input type="checkbox"/> Yes
	Please refer to the website for current Application fees	
Error! Reference source not found.	Declaration	
	Part N signed and dated	<input type="checkbox"/> Yes



Attachment 4

CANDIDACY APPLICATION PAYMENT FORM

Please refer to the website for [current fees](#).

Australian Applicant

New Zealand Applicant

* NZ Applicants will not be charged GST

Payment by:

Cheque

please post to:

RACMA Candidacy Applications
The Royal Australasian College of Medical Administrators
10/1 Milton Parade, Malvern, Vic 3144

Credit card

please provide payment details below:

Applicant Name _____

Amount* AUD _____ MasterCard Visa

Cardholder Name _____

Card Number _____ Expiry Date M M Y Y

Signature: _____

Note: Application fees are non-refundable