

DECLARATION OF TIME IN SUPERVISED PRACTICE

The purpose of this form is to establish the Candidate's duration in Supervised Workplace Practice and to ensure it is in alignment with the requirements of the RACMA Fellowship Training Program.

Candidates in the RACMA Fellowship Training Program via Standard Pathway are required to complete an equivalent of three years full time supervised Medical Management experience in an accredited training post.

In line with the AHPRA and Medical Board of Australia (MBA) definition of an academic year, 47 weeks of equivalent full time (FTE) experience per an academic year (46 weeks for NZ Candidates) will be adopted as the required period of supervised workplace practice for the duration of RACMA Candidacy Training Program.

This period excludes Annual Leave but may include up to 2 weeks of Professional Development. The academic year of 47 week period must be completed within a period of no more than 2 years.

Instructions for Candidates:

- Please complete the form below to confirm your actual time in Supervised Workplace Practice during the Reported Training Period, as specified in **Part B**.
- Sign and date the Candidate's declaration in **Part D.1** of this form. It is the responsibility of the Candidate to ensure that the information provided to RACMA is true and accurate.
- Have your Employer sign and date the Employer's declaration in **Part D.2** of this form. Please note: If you have changed your Training Post during the reported period, please provide your current Employer with sufficient evidence (e.g., payroll statement) for them to confirm your Supervised Workplace Practice for the entire reported period.
- Submit the completed form by uploading it via the eETP (online submission tool) available on RACMA website

This information will be recorded in your Candidate's file and used to assess your progression in training and eligibility for Fellowship.

Part A: Personal Details

Title _____ Surname _____ Given names _____

Email _____

Telephone/Mobile _____

Workplace details

Current position _____

Employer organization _____

Current Supervisor: Name _____

Email _____

Phone/Mobile _____

Part B: Candidacy Details

Training commencement date: _____

RPL granted ☐ Yes, _____ months ☐ No

Year of Training ^[2] ☐ Year 1 ☐ Year 2 ☐ Year 3+

Period of ITA ☐ Mid-year ITA (June) ☐ End-year ITA (November)

Reported Training Period ^[1] From: _____ To: _____

Current Preceptor

Name:

Jurisdiction:

Email:

Phone/Mobile:

[1] Training Period: 'From': the day following the end date of your previous reporting period. If this is your first report, please fill in the commencement date of your training with RACMA.

'To': the date of your signing this report

[2] Year of Training: The year the candidate is currently in – based on learning activities, not on calendric time lapse since the commencement date

Part C: Supervised Workplace Practice

Instructions

- Please complete this section to provide supportive evidence for your time in Supervised Workplace (Medical Management) Practice during the Reported Training Period you specified in **Part B** above.
- If you have changed your Training Post or FTE during the Reported Period, please report any such change as a different Training Period. List only those positions that you have held during the Reported Training Period you specified in **Part B**.
- Please add as many Training Periods as required.
- Reporting Leave:
 - Please provide evidence for any leave period taken during the Fellowship Training Program.
 - If any leave period has been approved by the College, please provide evidence of approval.
- For explanation of terms used in the table below, please see Definitions in **Appendix I**

Training Period 1

➤ Use this page to report your current position, as detailed in *Part A* above

Position details

From _____ To _____ Total duration in role (weeks)^[1]

FTE^[2] _____ Clinical (%)^[3] _____ Medical Management (%)^[4] _____

Record of Leave – for this Training Period

	Start Date ^[5]	Finish date ^[5]	Type of Leave ^[6]	Duration of Leave		
				Weeks ^[7]	or	Days
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total duration of Leave (weeks) ^[8]				<input type="text"/>		

➤ Candidates Note: please provide evidence for any leave period taken during the Fellowship Training Program.

Total duration of time in Supervised Workplace Practice

Net duration in role (weeks)^[9]

= Total duration in role (weeks)^[1] – Total duration of Leave (weeks)^[8]

weeks

Net Supervised Workplace Practice -
Medical Management Experience^[10]

= FTE^[2] * Medical Management (%)^[4] * Net duration in role (weeks)^[9]

weeks

Training Period 2

- Use this page to report a position different to the current one, that was held during the Reported Period
- Add as many Training Periods as required

Position details

Position _____

Organisation _____

From _____ To _____ Total duration in role (weeks)^[1]

FTE^[2] _____ Clinical (%)^[3] _____ Medical Management (%)^[4] _____

Record of Leave – for this Training Period

	Start Date ^[5]	Finish date ^[5]	Type of Leave ^[6]	Duration of Leave		
				Weeks ^[7]	or	Days
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total duration of Leave (weeks) ^[8]				<input type="text"/>		

- Candidates Note: please provide evidence for any leave period taken during the Fellowship Training Program.

Total duration of time in Supervised Workplace Practice

Net duration in role (weeks)^[9]

= Total duration in role (weeks)^[1] – Total duration of Leave (weeks)^[8] weeks

Net Supervised Workplace Practice -
Medical Management Experience^[10]

= FTE^[2] * Medical Management (%)^[4] * Net duration in role (weeks)^[9] weeks

Part D: Declaration

Instructions

- Please sign and date the Candidate's declaration below
- Please sum all **Net Supervised Workplace Practice - Medical Management Experience** periods reported in **Part C** of this form, and note it in declaration **D.1** below.
- Employer's declaration (**D.2**) – to be signed by a person in your current employing organisation, who is authorised to confirm the information provided in this form. Such a person may be a Payroll Officer, HR Manager, direct Line Manager, etc.

D.1 Candidate's Declaration

I certify that I have completed a total of _____ weeks of Supervised Medical Management Practice in partial fulfilment of the requirements of RACMA's Fellowship Training Program, and that the information supplied above is complete and correct.

Candidate's name _____

Signature _____

Date _____

D.2 Employer's Declaration

I confirm that I am the Authorised Person to verify this Declaration of Time in Training by _____, and that the above information regarding the Candidate's time in Supervised Workplace Practice during the reported period is complete and correct.

Employer's name _____

Position _____

Organisation _____

Signature _____

Date _____

Appendix I

Definition of Terms – Reporting of Training Periods (Part C)

	Term	Description
1	Total duration in role (weeks)	Total number of weeks, including leave, that you have held the specified role, according to the reported dates. 52 weeks per calendar year, 4.3 weeks per calendar month
2	FTE	Full Time Equivalent of your employment at the specified position If your FTE has changed while in the specified role, please report the new FTE as a different Training Period.
3	Clinical (%)	Percentage of your time in the specified role that was dedicated to direct patient care.
4	Medical Management (%)	Percentage of your time in the specified role that was dedicated to Medical Management activities
5	Start/End date	Dates of Leave
6	Type of Leave	Annual/Special/Family/ Sick/PD/Long Service/Other (if Other, please detail)
7	Duration of Leave – Weeks	1 week = 5 days
8	Total Duration of Leave (weeks)	Total amount of Leave taken during the reported period.
9	Net duration In role	Number of weeks in specified role, excluding leave
10	Net Supervised Workplace Practice - Medical Management Experience	The net number of weeks you were involved in Medical Management activities while working at the specified role. Calculated as $FTE * Medical\ Management\ (\%) * Net\ duration\ In\ role$ For example, assume that you held the specified position for a net duration of 18 weeks at 0.8FTE, and that 75% of your time was dedicated to Medical Management activities. The Net Medical Management Experience completed in this period is $0.8FTE * 75\% * 18\ weeks = 10.8\ weeks$, excluding leave.