AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

April 2018

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Executive Summary

Formed in 1985 and receiving specialist status in New Zealand in 1998 and Australia in 2009, the ACSEP is the peak professional body for the medical specialty of Sport and Exercise Medicine in Australia and New Zealand. On 14 February 2016, a special resolution was passed at the Annual General Meeting to change the name of the College from the Australasian College of Sports Physicians to the Australasian College of Sport and Exercise Physicians (ACSEP). The members of the College felt that a name change was necessary to accurately reflect the scope of practice and training. The name change was also important to align the College with the specialty of Sport and Exercise Medicine originally assigned in the initial AMC accreditation in 2009.

A Fellowship of the College is awarded following the completion of the College's four-year specialist training program. The qualification is accepted by the MBA and MCNZ, and is the highest and only specialist qualification in Sport and Exercise Medicine across Australasia.

The College is governed by a skills-based board that consists of eight members: four ACSEP Fellows, one ACSEP Registrar and three non-executive directors with specific skill sets in marketing, finance and governance. As the governing body of the College's operations, the Board oversees all of the College's committees, including the Training Committee, Board of Censors, Continuing Professional Development Committee, Education Committee, Research Committee and Professional Standards Committee. The Board receives regular reports from each of the committees to ensure that the College education and training programs, activities and objectives are being met as per the College Strategic Plan, last reviewed in 2017.

The College has six membership categories with a total of 314 members. This includes 164 Fellows in active medical practice, five Retired Fellows and two Inactive Fellows. Additionally, there are 73 Registrars enrolled in the ACSEP Training Program and 16 Student Members. ACSEP also has 54 Associate Members who are affiliates of the College, largely represented by General Practitioners with an interest in Sport and Exercise Medicine. There is also an increasing number of international medical practitioners with an interest in Sport and Exercise Medicine, who are joining the College as Associate Members.

The ACSEP is dedicated to providing a robust training experience for its Registrars while advancing the skills of its members through evidence-based practice. Sport and Exercise Physicians are committed to excellence in the practice of medicine as it applies to all aspects of physical activity and promoting physical activity as a determinant of health. Safe and effective sporting performance at all levels is a major focus.

The work of the College is in part operationalised through the channel of various committees and working groups. The partnership between the Fellows and the National Office lets the College progress its work and meet its objectives. Since the last accreditation report in 2014, the College has progressed to evolve into a mature organisation that continues to operate in the contemporary medical environment, meeting all regulatory requirements and maintaining the expectations of various stakeholders. Functions of the College are now firmly established with ongoing quality improvement initiatives implemented through each of the ACSEP's programs and operations. Furthermore, the College is now operating in a much more stable environment after many years of considerable change, including changes in leadership, a revised Constitution which incorporated a new governance structure, and a stable, diversified financial model. The current stage of evolution recognises that the specialist medical colleges and organisations must include the views of internal and external stakeholders, evolving health education, and the economic environment in conducting activities

and making decisions. In 2019, the College will open its curriculum to external stakeholders for feedback to ensure it meets best practice standards against other specialist Training Colleges. We will also look to collaborate with other colleges to help improve our curriculum.

With the attitude and resources to grow, ACSEP is now undertaking work on behalf of its members. ACSEP is taking the view that it must operate as a forward-thinking organisation that seeks to be informed by collaboration and consultation with its members and external stakeholders. As such, the College is strengthening relationships with many of its stakeholders and forging new relationships with important new partners. These discussions pertain to important matters such as reviewing MBS item numbers in Australia to ensure better access to SEM services for the community, workforce development strategies and expanding the presence of SEM internationally. ACSEP is also working on improving the care of Indigenous populations, with the College releasing its first Reconciliation Action Plan in 2017. The College is supporting its first prospective Indigenous Australian Registrar, with ongoing efforts to ensure that the registrar is supported throughout the program. The College also continues to develop initiatives that address cultural competency, awareness and safety. ACSEP has strengthened its relationship with Australian Indigenous Doctors Association (AIDA) and recently engaged the Māori Medical Practitioners Association, Te Ora, and the Pasifika Medical Practitioners Association to help develop a Maori and Pasifika SEM Health and Workforce Plan. To increase the number of Indigenous and Maori doctors to be trained in SEM, the College has introduced conference scholarships to Indigenous and Maori doctors seeking to pursue a career in SEM. The College hopes to extend this conference scholarship to Pasifika doctors who want to pursue a similar career in SEM. In 2017, the ACSEP Board also secured a historic three-year Memorandum of Understanding with the Sri Lankan Ministry of Sport to support the development of specialist SEM care in Sri Lanka.

Following feedback from College members, ACSEP also recognises the issues relating to access of SEM services within the community. In Australia, in particular, access to SEM services is restricted due to affordability because of poor MBS consultation rebates that do not reflect the complexity of many specialist SEM consultations. Additionally, the College also recognises the reduced access to SEM services of populations in rural and remote regions due to maldistribution of the medical workforce. The College is lobbying the Australian Federal Government to improve the current MBS rebates for fellow and registrar consultations in the hope that this will make specialist SEM care more equitable and accessible for all members of the community. The College is undertaking further workforce development strategies to ensure that future SEM workforce is more evenly distributed through its new Workforce Planning Working Group. The Australian Federal Government Specialist Training Program (STP) has increased opportunities in the range of settings in which FACSEP training can be offered. In relation to both Australia and New Zealand, the College is currently considering future requirements in terms of how Registrars are selected to enter FACSEP training, how best to encourage rural and regional training, and whether the number of Registrars entering the ACSEP Training Program each year, particularly in NSW and Victoria, can be sustained. ACSEP has also just negotiated a groundbreaking deal with the Accidents Compensation Corporation (ACC) in New Zealand to facilitate the training of an increased number of Registrars and keep growing as a Sport and Exercise Medicine workforce that is highly trained and meets the needs of the populations that it serves.

Major developments since 2014

A major development since the last full accreditation of ACSEP is the review of College governance arrangements, including a move from Articles of Association to a Constitution which was implemented in February 2015. This included the creation of a skills-based board, with independent, non-executive directors selected according to a skills matrix, adding perspective and expertise not available within the College membership. They bring valuable experience particularly (but not isolated to) the area of governance.

A second major development involved a review of the College's research requirements for Registrars. The changes in research requirements occurred between 2014 and 2015 as a response to feedback from the previous AMC accreditation and resulted in revisions to the FACSEP Training Program that are represented by the current iteration of the program. The College Curriculum underwent an extensive internal review process in 2016, with feedback from the entire membership as well as input from an independent medical education consultant. The College has also completed a suite of academic modules, which are a mandatory requirement for all Registrars. ACSEP continues to develop online resources supported by a brand new website and new learning management system. The College has invested significantly in IT infrastructure and administrative support with ongoing support required to make further enhancements.

Practice Accreditation standards have been revised to better reflect requirements of the training program, with a greater emphasis on enhanced supervision and Registrar wellbeing. The new standards are designed to ensure that ACSEP Registrars are provided with the necessary support and resources to enable them to better meet the requirements of the training program in a safe environment, and also to assist training posts and supervisors.

To enshrine values central to training and the life of Sport and Exercise Physicians in our college, the College adopted its Culture and Values statement in mid-2017, after an extensive consultation process with the ACSEP members. The values that define the culture of the ACSEP are:

- Integrity
- Excellence
- Professionalism
- Leadership
- Teamwork

In 2017, ACSEP also launched "Better Members", an area on the ACSEP website dedicated to providing resources to College members in the areas of health and wellbeing. Relevant policies and procedures have also been updated, including the ACSEP Code of Ethics and Professional Behaviour, the Grievance Policy and Procedure in 2017, the Bullying, Harassment and Discrimination Policy in 2016, and our Equality and Diversity Policy in 2017. Access to an Employee Assistance Program (EAP) has also been provided for the benefit of ACSEP members and National Office staff.

The College has evolved its Continuing Professional Development (CPD) program for its fellows to ensure it meets the requirements of the relevant regulatory bodies (MBA and MCNZ), and is well placed to meet the requirements of the MBA's proposed 2020 Professional Performance Framework. The CPD program is compulsory for the maintenance of Fellowship of the College. Currently the CPD program only applies to ACSEP Fellows. This program has been supported by a new ACSEP website introduced in 2016, featuring an online portal for recording all CPD activities and a facility to store base records. The College monitors the participation of individuals in the program through annual audits and automatic auditing of pattern non-compliers. Penalties for non-compliance are outlined in the College's CPD manual.

Standard 1 The context of training and education

1.1 Governance

1.2 Program management

1.3 Reconsideration, review and appeals processes

1.4 Educational expertise and exchange

1.5 Educational resources

1.6 Interaction with the health sector

1.7 Continuous renewal

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Standard 1 The context of training and education

1.1 Governance

Accreditation standards

1.1.1 The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.

1.1.2 The education provider has structures and procedures for oversight of training and education functions, which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.

1.1.3 The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contribute to governance and allow all relevant groups to be represented in decision making.

1.1.4 The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.

1.1.5 The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance

1.1.6 The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision making.

When addressing each of the standards, please include the following:

- **To assist the team to understand the evolution of the education provider, give a short summary of the education provider's development and its current functions. Address the evolution of the New Zealand branch if relevant.**

Governance overview

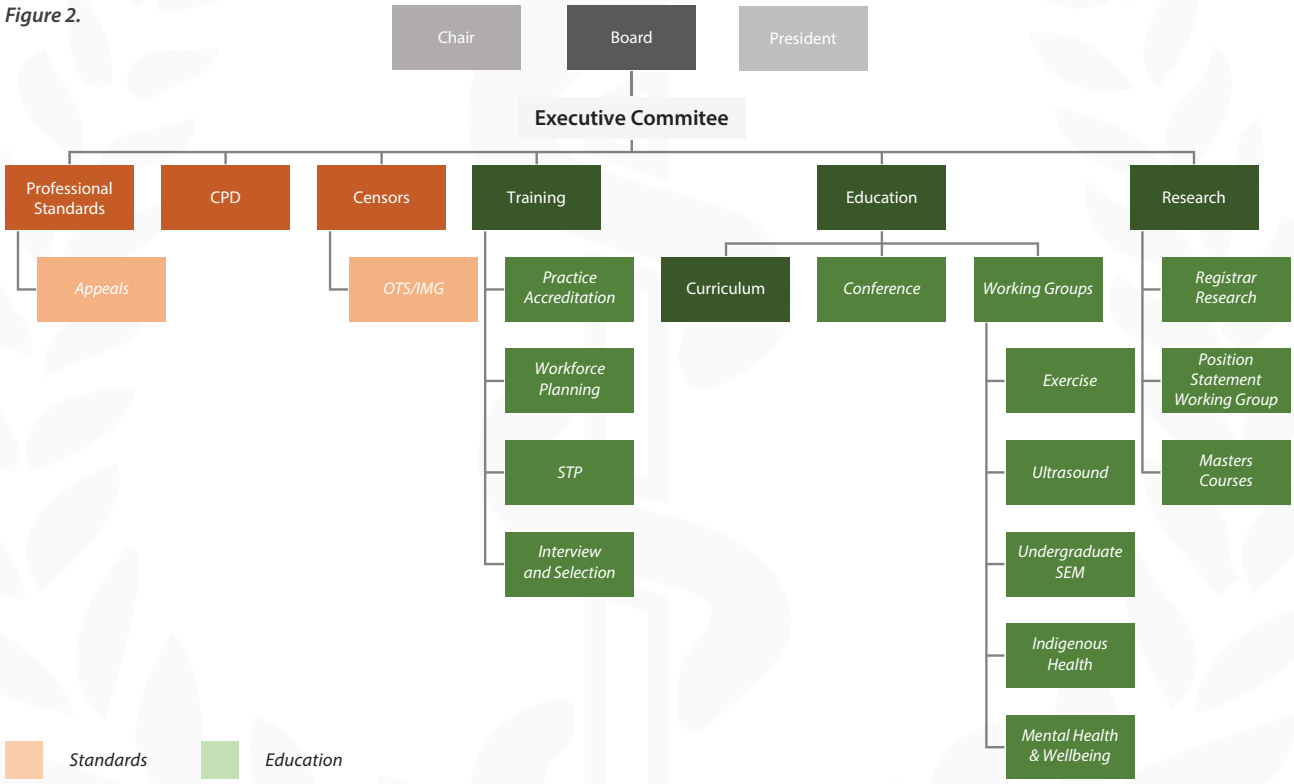
At the time of the College's accreditation in 2009, ACSEP was governed by Articles of Association, under which the governing body was a council (membership of 19 Fellows), with a Council Executive comprised of a number of College Office Bearers (President, Vice President, College Secretary, College Treasurer, Censor-in-Chief), plus the College Executive Officer. The Board of Censors and Training Committee reported to the Council. These committees oversaw standard and assessment, as well as education and training matters. The arrangements are outlined in Figure 1.

Figure 1.

A governance review conducted during 2015 saw revised governance arrangements, underpinned by a College Constitution, adopted at the Annual General Meeting (AGM) of the College in February 2016 for immediate implementation. The ACSEP Constitution is available on the ACSEP website and is provided as **Appendix 1.1.1 A**. The Constitution lists 15 objects for which the College is established, all of which relate to ensuring the provision and maintenance of a well-trained Sport and Exercise Medicine workforce, and the provision of safe SEM services across Australasia, Europe and the Middle East. ACSEP is also working towards developing the SEM workforce in the Asia-Pacific region, namely Sri Lanka, Singapore and Japan.

The Australasian College of Sport and Exercise Physicians is a not-for-profit entity. The overall governance of the College is managed by the Board of Directors, who were appointed as per the College Constitution. The current ACSEP Governance structure is as per Figure 2.

Figure 2.



The current directors of the ACSEP Board are listed below:

Dr Adam Castricum	*President*
Mr David Brennan	*Chairman*
Dr Louise Tulloh	*Vice President*
Dr Paul Blackman	*Executive Director*
Dr Mark Fulcher	*Executive Director and NZ Representative*
Dr Kira James	*Registrar Representative*
Ms Robyn Buckham	*Independent Non-executive Director with skills in Governance and Education*
Mr Joe Pannuzzo	*Independent Non-executive Director with skills in Finance and Human Resources*

The College Board provides high-level oversight of activities of the College and ensures that all activities and resource allocation is aligned with the College Strategic Plan. Under the new constitution, the College has an independent

Chairman who is supported by the President, a Fellow of the College. The Board is now fully complemented by three independent Non-executive Directors, one of which acts as Chair of the Board, providing leadership on the fiduciary, strategic and governance responsibilities for the Board. This allows the President to focus on clinical, training and education-related matters, assisting the CEO and also working with the Board to implement the strategic plan. The College has invested in the growth and knowledge of the Executive Board Members, providing upskilling to directors in the form of appropriate governance training through the Australian Institute of Company Directors. Succession planning for Executive Board Members is in place, with the successor of the President spending 12 months shadowing the President in the position of Vice President.

Under the previous governance structure, Chairs of College Committees also sat on the Board. In revising the Governance documentation, the Board has become completely independent from the Chairs of College Committees. ACSEP has a clearly defined committee structure which ensures that the planning, implementation and reviewing of the education, training, research and continuing professional development programs are supported within the overall college structure, under the governance of the Board, as per Figure 2. **(Appendix 1.1.1B)**

The Board has completed another review of the Terms of Reference for its committees **(Appendices 1.1.3 A, B, D, F, H and M)**

- The Board has completed a Constitution review. **(Appendix 1.1.1 A)**
- The Board has developed new policies and position descriptions to guide College representatives in their roles, notably the Chair and the President.

The ACSEP appointed a CEO in 2014 who worked with the College to ensure appropriate governance processes were followed up until her resignation in November 2015. Following an interview process, consultations from various recruitment professionals and input from other colleges and the CPMC, the Board appointed the College's current CEO, Ms Kate Simkovic in March 2016. ACSEP ensured that with this change of CEO, such governance processes and procedures were further strengthened in close collaboration and consultation with the current ACSEP Board. The CEO sits on the College Executive Committee with the Chair of the Board, the President and Vice-President, with all major Committees reporting to the Board through the Executive. The CEO is employed with set KPIs and six monthly performance reviews. A delegation has been provided to the Operations Manager to allow for appropriate handling of business operations in the absence of the CEO **(Appendix 1.1.2 C)**.

Critical policies and procedures for the business operations of the ACSEP have been documented. These policies and procedures will continue to develop as the operations of the business evolve. Furthermore, ACSEP has employed the part-time services of a systems and policy administrator who will focus on updating these documents, according to the increasing governance requirements of the College.

In June 2017, the National Office moved into its new premises after a building renovation at the site of the previous office. This move was followed by an increase in staffing from four to eight (FTE = 5.7), including the CEO position. This increase in staffing is partly funded by the Department of Health Specialist Training Program (STP) project funding. With new staffing comes additional capacity for growth in research, systems, administration and finance. However, with such a small percentage of government funding received, most financial inputs are from a diversified funding strategy which is overseen by the Board, implemented and regularly reported on by the CEO. This strategy is articulated through the ACSEP's 2018-2022 Strategic Plan **(Appendix 2.1.1)**.

We currently do not have a NZ branch, but are looking to employ a staff member to support the functioning and administrative requirements of our growing NZ membership. Given the new funding arrangement with the ACC in New Zealand, the College opened a NZ bank account in April for management and distribution of these funds to Registrars and Fellows. Following agreement by all NZ Fellows, part of this funding has been allocated to the National Office to support the employment of such a staff member to undertake the administrative requirements of our NZ membership and ACC arrangements. We plan to employ this staff member in 2018.

- **Outline the categories of fellowship and membership available and provide information on the current numbers in each category (and in each specialty). If the education provider operates in New Zealand, provide separate figures for New Zealand.**

Figure 3. *Australian figures*

Membership Type	Numbers
Fellows	136
Registrars	59
Retired Fellows	3
Inactive Fellows	2
Associate Members	51
Student Members	16

Figure 4. *New Zealand figures*

Membership Type	Numbers
Fellows	28
Registrars	14
Retired Fellows	1
Inactive Fellows	1
Associate Members	3
Student Members	NA

- **Describe the education provider's governance structures and functions, including the roles and responsibilities of senior officers. When were these most recently reviewed and are any changes planned in the next two to three years?**

The ACSEP Governance Structure (Figure 2) was last reviewed in early 2018 and describes how the College governance consists of committees sitting under the Board, with various working groups working under and reporting to the committees. This was amended to the current collaborative structure to facilitate delivery of the College's current 2018-2022 Strategic Plan, therefore no changes are planned for the next two to three years.

The new Board was implemented in 2015 following resolution by the Fellowship to adopt a new ACSEP Constitution. The aim of this new structure was to allow the Board to have fellows sit in as Executive Directors who were not Chairs of the various committees. This was the previous College Council structure, where the Council was made up of the respective Chairs of each committee as well as the President. This now allows the Executive Directors to focus on more strategic issues and have greater oversight over the running of the College. The current Executive Directors have experience from the CPD, Practice Accreditation, Research Committees and Board of Censors and they are currently directly involved as members, some ex-officio, with the Board of Censors, Education, Training and Research Committees to ensure there remains a direct link to the Board. They are also all heavily involved in Registrar training as Clinical Training Supervisors. This is balanced by the Independent Non-executive Directors, who have skills in finance, marketing and education. One of the Independent Non-executive Directors is Chair of the Board and provides fiduciary, governance and strategic leadership to the Board. The Board has a Conflict of Interest Register and Risk Register which are reviewed at each board meeting. Highlights from each board meeting are communicated to members in the subsequent College newsletter **(Appendices 6.3.3A)**.

These are the College committees:

- **Education** *training registrars to become fellows according to the latest evidence*
  - Research
  - Education (including Conference and Curriculum)
  - Training
- **Standards** *maintaining the professional standards of the Fellowship*
  - Board of Censors
  - Continual Professional Development
  - Professional Standards

Each of these major committees has a Board-appointed Chair who regularly reports to the Board all activities under their Terms of Reference, including the activities of the working groups that work under them. **The terms of reference for each of these committees and job descriptions for each of the Chairs are provided in (Appendices 1.1.3 A, B, C, D, F, H, M, J and 1.2.1).**

Under each committee sits working groups which consist of committee members, other fellows, registrars, members of the College and increasingly the community who wish to contribute. These working groups are developed in response to emerging issues and developments for the College. This helps the committees function and also directs intellectual property and resources to the development of educational modules that help the College serve its members.

As the governance structure and national office resources grow, many of these committees and working groups have been launched or relaunched in the past 12 months – some during the early part of 2018. For instance, the Professional Standards Committee was launched in the second half of 2017, and the Education Committee relaunched in early 2018. The Education Committee aims to provide direction to the National Office on educational modules, and also support new working groups launched in 2018, including the Indigenous Health, Undergraduate SEM and Mental Health and Wellbeing Working Groups. The Curriculum Review Committee was also renamed the Curriculum Working Group to sit between the Education Committee and Training Committee, and will meet every six months with the Chairs of these Committees and the Censor in Chief. This will ensure any proposed changes in the Curriculum are aligned with AMC processes. The committees and working groups will be reviewed in 12 months' time to ensure they are delivering on their evolving Terms of Reference.

- **Provide an outline of the structure and accountabilities for managing training and education activities, including:**

The ACSEP Training Program is governed by the Training Committee, which reports directly to the Board. The Training Committee has the authority to approve or reject any aspect of a trainee's training program throughout its duration. The Training Committee will also seek additional information from trainees and consult with other ACSEP committees, e.g. Board of Censors, Research Committee and Curriculum Working Group, when necessary.

The scope of the Training Committee is outlined in the Terms of Reference (Appendix 1.1.3 B). The Training Committee is led by the Chair of Training and includes a number of Zone Training Coordinators **(Appendix 6.1.1B)**. Since the previous report, the College has moved from having 'State Training Coordinators' to 'Zone Training Coordinators'. This change was implemented to better spread the load of State Training Coordinators, as some in smaller states were looking after one or two registrars, while others in larger states were responsible for up to 15 registrars. This also serves to remove conflicts of interest. For example, it eliminates a situation in which a Registrar has a Fellow as their supervisor as well as their State Training Coordinator **(Appendix 1.1.3L)**.

The newly re-formed ACSEP Education Committee aims to oversee delivery of the education strategy of the College, and reports directly to the Board. The committee consists of:

- The Chair
- The Chair of the Curriculum Working Group
- The Chair of the Conference Committee
- Representatives from the CPD, Board of Censors, and Training and Research Committees
- Australian and New Zealand Cultural Competency Members
- The Registrar body
- A community member with curriculum development experience

The scope of the Education Committee is outlined in the Terms of Reference (Appendix 1.1.3M). The Committee will work closely with the Curriculum Working Group to develop the educational framework and standards for the delivery of the training program in accordance with the AMC and MCNZ requirements and educational best practice. The Curriculum Working Group also works closely with the Training Committee and Board of Censors to ensure that the Curriculum delivers training to the examination standards required by the Board of Censors. The Education Committee also gives direction to the National Office to develop educational modules based on suggestions from the Board and various committees, as well as the collective wisdom of the Education Committee members.

- **Demonstrate that the education provider gives priority to its educational role with reference to the roles undertaken, and the strategic priorities of the provider.**

As per the ACSEP 2018-2022 Strategic Plan, training excellence is our number one key priority. As part of this, the Education arm of the College Governance structure is designed to ensure the highest quality Sport and Exercise Medicine (through the Research Committee) drives the Training Program, through the delivery of the Curriculum, by the Curriculum Working Group, with input from the Research, Education and Training Committees, as well as the Board of Censors.

The strategic priorities in this domain are as per the 2018-2022 Strategic Plan. The first focus is training excellence.

The key result areas in this section are:

1. **Delivery of highest quality SEM evidence-based training program that sets a global standard**
    a. Trainee selection
    b. Curriculum review benchmarked against the global standard
    c. Module development / review
    d. Leading learning management system
    e. Registrar annual survey
2. **Provide support for clinical training supervisors**
    a. Delivery of supervisor training and resources
    b. Train-the-trainer workshops
    c. Training practice accreditations
    d. Development of online resources and research opportunities
    e. Implement registrars feedback outcomes
3. **Support for Registrars, delivery of internationally consistent training curriculum**
    a. Better members support offering
    b. Clear and independent communication between College and trainees
    c. Support consistent delivery of tutorial program
    d. Develop partnerships with resource providers (such as British Journal of Sports Medicine, Clinical Journal of Sports Medicine) to deliver additional content (e.g. Webinar, e-module access)
4. **Promote the use of research to enhance the training program quality**
    a. Work with trainees to view SEM research – both a development / training toll and integral to enhancing the quality of care for SEM patients
    b. Develop SEM research career pathways
    c. Reward registrars who produce excellent research

To help deliver this for the College, the National Office provides a dedicated Registrar and Training Coordinator (0.8 FTE), as well as a Part-time Research Officer (0.2 FTE). In 2018, the College hopes to support an additional Educational Coordinator to manage the delivery of module content, and to enhance the functionality and delivery of the LMS, which was launched in 2017.

- **If significant changes are occurring or planned in the specialist medical programs, demonstrate that the education provider's governance structure results in the governing body being informed of, and accepting ultimate responsibility for, new programs or significant program changes. [D]**

The College has long-standing relationships with the relevant external stakeholders including the AMC, CPMC and CMC. This ensures the College is up to date with new developments which can be directed to the Training Committee, Education Committee, Board of Censors and Curriculum Working Group. These groups then integrate the new developments into the current ACSEP Curriculum and Training Program. Likewise, changes to the CPD requirements can be directly relayed to the CPD Committee and Professional Standards Committee, as they have been with the new Professional Practice Framework from the MBA. The President, members of the Board, chairs of the various committees,

and National Office staff are expected to know of developments in their respective areas and report these to the appropriate Chairs.

- **Describe how the education provider collaborates with internal and external stakeholders regarding the design and delivery of training and education functions.**

The College collaborates with a range of internal and external stakeholders to ensure that its governance functions fulfill their design, delivery, and overall purpose.

With regard to internal stakeholders, the College runs an annual registrar survey to collect **(Appendix 1.1.5A)** feedback on the delivery of the training program and educational resources. Starting in 2016, this is now in its third year. In 2017, the National Office started an annual fellows survey **(Appendix 1.1.5A)** to collect training feedback. The College also reviews the curriculum every three years, taking feedback from registrars, clinical trainers and various committee members. The next extensive formal review of the curriculum will occur in 2019 and will consult both internal and external stakeholders. The College also collaborates with an independent Medical Education Consultant to review the design and delivery of its training and education functions. In 2018, the National Office launched a Facebook group for registrars and fellows to also collect feedback on various programs **(Appendix 1.1.5C)**. The Registrar and Training Coordinator also sends out a registrar newsletter **(Appendix 1.1.5D)**. This keeps the Registrar body informed of developments and fosters a supportive culture where registrars feel open to discuss any issues with National Office staff. Issues can then be escalated to the Training Committee and / or Board as required.

The ACSEP has created a number of internal committees and working groups to manage the training and education functions. These bodies work together to ensure that all aspects of the training and education functions are covered and improved. These committees/working groups are:

Figure 5.

Internal Stakeholder	Responsibility	Collaboration
College Board of Directors	• Overall College planning and direction	• With all Committee Chairs • Each Executive Director aims to align with each of the major committees to keep communication lines open. • Also collaborates with membership through the provision of a feedback loop with the recent Strategic Plan and the Code of Ethics.
National Office	• Administration for the College and committees	• Collaborate with Board, Committee and Working Group members • Where required, work with external experts (for module development on the implementation of actions from committees)
Training Committee	• Directs and manages the Training Program requirements, policies and processes. • Oversees the direction of the Registrars on the Training Program.	• To improve communication between these committees, the Education Committee has joined representatives from each committee. • Part of the ToR of the Education Committee is to ensure the suite of eLearning Modules and Academic Modules are up to date with the current evidence. • The Chairs of the Training Committee, Board of Censors, Education Committee and Curriculum Working Group will meet every 6 months, starting in April 2018, to ensure the curriculum is reviewed and changed in accordance with AMC guidelines.
Board of Censors	• Creates, deliverers the final assessment of the Registrars within the Fellowship Examinations. • Also administers the Part One entrance examination and assesses Specialist International Medical Graduates through the OTS/ IMG working group.	
Education Committee (relaunched in 2018)	• Designs, creates and implements the ACSEP Education strategy, reviewing the eLearning modules and working with the Curriculum Working group to improve the College Curriculum.	
Curriculum Working Group (renamed in 2018 from Curriculum Review Committee)	• Responsible for development, maintenance and review of the ACSEP Curriculum, which forms the basis for the ACSEP Training Program	
Research Committee	• Processes, reviews and assesses the Research Project Requirement within the Training Program	

Practice Accreditation Working Group (strengthened in 2018 with senior Training Committee members)	• Ensures that ACSEP's clinical placements run by ACSEP Fellows that have an ACSEP Registrar within them, undergo and meet the ACSEP Accreditation process • The Accreditation Process ensures that a safe and suitable working location for the Registrar and that the Practice/Supervisor is able to appropriately support and teach the registrars the ACSEP Training Program.	• The Training Committee and the Registrar Research Coordinators collaborate to ensure the Training Program research is of a high standard and that registrars deliver projects as expected. • The Training Committee, Accreditation Working Group and the Workforce Planning Working Group will collaborate in 2018, to ensure that the ACSEP Training Practices are accredited and suitable for registrars to work at. • They will also make sure that there are sufficient and suitable ACSEP Training Practices available to train registrars.
Workforce Planning Working Group (launched in 2018)	• Ensures that the appropriate registrars are selected to come onto the Training Program • Placing registrars in available ACSEP private practices during their Training Program • Ensuring that Registrars are placed in locations where they can receive the best form of training and continued growth	
Registrar Representatives Group	• Represent the ACSEP Registrars with State and NZ based Representatives, led by the ACSEP Registrar Representative	• The ACSEP Registrar Representative sits on the ACSEP Board and Training Committee. • There is also the opportunity for one of the State / NZ Registrar representatives to sit on the Education Committee.

Key ACSEP external stakeholders are the other Specialist Medical Colleges, as well as industry stakeholders who are part of the larger medical and Sport and Exercise Medicine community. These collaborations occur through involvement with members of the Council of Presidents of Medical Colleges (CPMC) in Australia and the Council of Medical Colleges (CMC) in New Zealand, as well as intercollege education committees. In 2018, our President will join the CPMC Education Sub-Committee.

The most significant local interactions with other specialist colleges relate to the programs that are offered by the College and/or are under development. These include:

- ACRRM – working to share educational modules on rural practice and musculoskeletal Sport and Exercise Medicine, as well as provide support for rural Sport and Exercise Physicians and Sports GP's.
- ACEM – working to help educate emergency physicians in managing sports concussions, and also share ACSEP Registrar training in emergency departments
- RACP – accessing RACP Doctors Health and Wellbeing public website as part of our Mental Health and Wellbeing resources for our Better Members website
- RANZCP – sharing doctors' mental health / wellness education resources
- RANZCOG – independent, investigative services for a Bullying complaint investigation against an ACSEP Fellow

In addition to these medical specialist Colleges, ACSEP also has strong relationships with many Sport and Exercise Medicine bodies, including:

- Australian Sports Commission / AIS – endorsing a number of position statements by ACSEP Members who are working at the AIS. This includes the Concussionin Sport Position Statement* and website, as well as the Position Statement on the Ethics of Genetic Testing and Research in Sport.*
- ASADA – partnering to cross promote SEM anti-doping education modules and resources
- SMA, SMNZ – work closely with these wider SEM organisations to collaborate on wider SEM community issues, including concussion management, injury prevention and drugs in sport.
- APA – working with Sports Physiotherapists to improve referral pathways, and support evidence-based exercise programs in the management of chronic musculoskeletal issues
- Canadian Academy of Sport and Exercise Medicine (CASEM) – in 2015, ACSEP joined ten other SEM organisations to endorse the Position Statement on Physical Activity Prescription*: a critical opportunity to address a modifiable risk factor for the prevention and management of chronic disease
- IOC – endorsing several consensus statements relevant to SEM – often where ACSEP Fellows help develop them, such as Pain Management in Elite Athletes* and Harassment and Abuse in Sport*.

*These position and consensus statements can be found at https://www.acsep.org.au/page/resources/position-statements

- Sri Lankan Government Ministry of Sport – as per our 2017 Memorandum of Understanding, ACSEP is helping the Sri Lankan Institute of Sport upskill its Sports Physicians and greater medical community in Specialist SEM care. ASCEP is also assisting Sri Lanka develop Physical Activity guidelines for the entire Sri Lankan Community **(Appendix 1.1.5E)**.

ACSEP also liaises with external bodies, such as jurisdictions, regulators, Indigenous organisations and consumers, on matters that influence the structure and delivery of ACSEP training and education functions.

Current relationships include:

- AIDA – working with AIDA to increase the indigenous SEM workforce in Australia and raise awareness of the benefits of Specialist SEM. To develop our first Reconciliation Action Plan, the College also worked with:
  - The Australian Human Rights Commission – "Racism. It Stops With Me" campaign
  - Reconciliation Australia
  - Recognise Campaign
- Te Ora and Pasifika Medical Association – working with these bodies to improve Maori and Pasifika health outcomes, and also increase the Maori and Pasifika SEM workforce.
- Workforce and training arrangements
  - Australian Government Department of Health
    - STP and IRTP funding
    - NMTAN
    - Australia's Future Health Workforce (ACSEP due for review in 2018)
  - Health Workforce NZ (HWNZ) – the College is attempting to influence the presence of trainees and SEM in future hospital-based training
  - Accident Compensation Corporation (ACC) in NZ
  - Australian State and Territory Departments of Health
    - NSW Health – SEM Public Health Scope of Practice document up for consultation
  - AMA, MCNZ – workforce and training planning forums
- Beyond Blue – links with mental health and exercise components (link via ACSEP website)
- Assessment of SIMGs – MBA and MCNZ
- Accreditation of training sites for ACSEP training
  - ACSEP work with individual private practices through the Practice Accreditation Working Group

- **Describe the procedures for identifying, managing and recording conflicts of interest in training and education functions, governance and decision making.**

A Conflict of Interest Register was implemented for the Training Committee **(Appendix 1.1.6C)** and Board of Censors **(Appendix 1.1.6A)**. This provides a platform for conflicts to be recorded and dealt with by the individual and the committee.

A similar process is being implemented for the Education Committee. We also ask that conflicts of interest be declared by members of the Research Committee and those of Position Statement Working Groups (as per the Position Statement Process Statement) when reviewing scientific statements and research proposals **(Appendix 1.1.6B)**.

- **Identify other relevant strengths and challenges in relation to the governance of the education provider, plans for development and the processes for addressing the challenges, with examples.**

The College Governance structure helps the College navigate the challenges of an education provider, such as ACSEP, to deliver specialist Sport and Exercise Medicine training and education. Including independent non-executive directors, with experience in governance, on the College Board is an obvious strength of the current governance of the College. Opportunities for specific governance training are provided to members of the Board. The College has also engaged with community committee members who have governance experience on the Professional Standards and Education Committees.

Most members of the Board, committees and working groups are volunteers from the College membership without specific governance training. As the College finances improve, the College hopes to extend governance training opportunities to the Chairs of the Committees, Registrar representatives and Fellows who have qualities that will benefit the College. The College will also look to develop specific clinical governance modules through the Education Committee.

Challenges for the next five years

- **Ongoing workforce development strategies and training of registrars with a finite group of fellows and funding**
  - Training placements are mostly held in private practices – over the next five years, the College is wanting to expand more into public hospitals to broaden our registrars' learning experiences
  - Training placements are mostly metropolitan placements – over the next five years, the College is wanting to increase its rural placements to broaden our registrars' learning experiences.
  - Continued lobbying of the Department of Health for an increase in STP and IRTP positions – from our current four STP and three IRTP positions – will assist with these issues.
  - Board, committee and working group members are predominantly on a volunteer basis, with little remuneration. The College strives to balance its need for constant input with the contributing members personal/business life. Our main priority is to ensure that we have passionate people within these roles who are willing to work pro-bono to the betterment of the College. ACSEP has started to provide some remuneration to committee members, such as complimentary registration to the Annual Scientific Conference. Future plans include extending this to key committee members and possible increased remuneration to key committee Chairs.
- **Lobbying for a review of MBS consultation item numbers for our fellows and registrars to improve equitable access to specialist SEM services for all Australians**
- **Continuing to grow the National Office within budgetary constraints to deliver the operational plan and hence, achieve the 2018-2022 Strategic Plan objectives.**
- **Continuing to attract our best Fellows to be involved with the training and education of our Registrars – given much of this work is pro bono.**
- **Ensuring more recently qualified fellows become committee and working group members. The combined knowledge and experience of senior fellows and junior fellows provide up-to-date perspectives of changes in medical education and training and current approaches to clinical assessment. Nurturing these individuals on boards, committees and working groups is also essential for succession planning.**

Factors that could influence the College achieving its goals and objectives over the next five years

ACSEP is a small college with many dedicated Fellows who work and contribute to the Board, college committees and working groups on a pro bono basis. The College has identified within its education plans that the committees' work must be appropriately resourced. However, the increasing cost of regulation, program development and delivery is of ongoing concern to the College, particularly as the College grows in numbers and operational functions. While we are a growing National Office, additional resources are still required. Although support from the DoH does help in some capacity, for sustainability, the College must continue to explore alternative income streams to support additional staffing and activities.

Other factors to be identified include:

- The expected increase in the number of graduating doctors over the next few years
- Expected bottlenecks following the completion of ACSEP Part 1 Entrance examinations
- Workforce and training saturation in private practices in metropolitan cities vs rural and remote regions
- The growing demand for SEM physicians to move away from their traditional Sport and Exercise Physician role and use exercise to manage and prevent chronic disease – and the barriers to this (MBS item numbers in Australia)
- The ongoing tension between strategic initiatives of ACSEP and its financial capacity to implement those initiatives

- The increased compliance obligations associated with maintenance of specialist recognition
- Protection against staff turnover

1.2 Program management

Accreditation standards

1.2.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
- setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
- setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- certifying successful completion of the training and education programs

When addressing each of the standards, please include the following:

- **With reference to the governance information provided under standard 1.1, describe the structure and powers of the group(s) responsible for oversight of the key functions relating to setting, implementing and evaluating the specialist medical and continuing professional development programs, and policies and procedures relating to the assessment of specialist international medical graduates. Include a flow chart to illustrate reporting relationships. [1.2.1]**

The Training Committee is responsible for delivering the College Training Strategy. The Board of Censors is responsible for developing and maintaining examination and assessment standards, of trainees and SIMG's. The Curriculum Working Group will work closely with the Chairs of the Board of Censors and Training and Education Committees to ensure the curriculum continues to meet the evidence and needs of SEM specialist practice and requirements of external stakeholders, such as the AMC. The CPD Committee is responsible for delivering and reviewing the College CPD requirements, as per fellow feedback, to remain relevant to contemporary specialist SEM practice and the requirements of external regulatory bodies, such as the MBA and MCNZ. These committees regularly report up to the Board and the reporting relationships are well-illustrated in the ACSEP Governance Structure.

- **Indicate how the education provider ensures knowledge and expertise in medical education, and knowledge of local and national needs in health care and service delivery, national health priorities, and regulatory requirements are included in these structures. [1.2.1].**

ACSEP uses an independent medical education consultant to work with the College to review and develop its curriculum, training and assessment programs. ACSEP also remains well-connected to external stakeholders, including the CPMC, CMC, DoH, ACC, MBA, MCNZ, AMA, SMA, SMNZ ,and is also heavily involved in the intercollege networks. This is to ensure that ACSEP remains up to date with national health priorities and regulatory requirements on both sides of the Tasman.

- **Critically examine the extent to which these structures provide for effective decision making in the areas listed. [1.2.1]**

The ACSEP Governance Structure provides processes for effective decision making in these areas. Issues are circulated to the relevant committees and working groups for review and recommendations, which are then reported up to the Board for resolution to implement on behalf of the College. This allows input from the relevant internal stakeholders and seeks input when required from the wider membership and external stakeholders. An example of seeking input from the membership is the process by which the College seeks member interest in participating in working groups as the need arises. These key experts are then consulted, as required, for decision making input and as the working group responds

to the educational needs from the specific SEM industry. It is a robust structure which ensures the right people are influencing the direction of medical education within ACSEP.

- **Identify other relevant strengths and challenges in relation to program management, plans for development and the processes for addressing the challenges, with examples.**

ACSEP is confident in our governance structures. These structures can absorb and adapt to the ever-changing specialist medical education and training landscape – both from within contemporary SEM practice and external regulatory requirements.

Each committee chair is carefully selected after nomination from their respective committee and approval by the Board, as they demonstrate the required skills and qualities to deliver the strategic goals of each committee. Each chair has a position description, and each committee has terms of reference, which clearly outline the scope and requirements of each committee. This helps the College Board and National Office deliver the College Strategic Plan.

An example of this is the Curriculum Working Group, which in 2018 will draw the input of multiple committees and working groups through the Education Committee. It will also draw on the input from six monthly meetings with the Chairs, the Board of Censors, Training and Education Committees, to ensure the College Curriculum is regularly reviewed – ahead of the formal review process every 3 years, with the next in 2019 **(Appendix 1.2.1)**.

A challenge for the College is relying on a finite group of fellows to not only deliver the training program to our trainees, but to also be engaged in the many committees and working groups on a pro bono basis. Maintaining enthusiasm becomes a challenge when it is left to the same small group of dedicated fellows to undertake all tasks.

1.3 Reconsideration, review and appeals processes

Accreditation standards

1.3.1 The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

1.3.2 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

When addressing each of the standards, please include the following:

- **Describe the reconsideration, review and appeals processes available. [1.3.1]**

ACSEP has an Appeals Regulation **(Appendix 7.1.2)**.

- **Indicate the number of appeals that have been heard within the last three years, the subject of the appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed). [1.3.2]**

ACSEP has not had received any formal requests for appeals in the last three years. In the event that a formal appeal is lodged, ACSEP would process this as per ACSEP's Appeals Regulation.

- **Describe any mechanisms to evaluate whether trainees and other potential complainants see these processes as fair and trustworthy. [1.3.1 and 1.3.2]**

As we have not had any formal appeal requests and processes, we have not needed to evaluate this process. However, if such a formal appeal process occurred, ACSEP would develop a mechanism to evaluate this process.

- **Describe the education provider's process for evaluating de-identified appeals and complaints to identify systems issues, if any. [1.3.2]**

As per ACSEP Appeals Regulation.

1.4 Educational expertise and exchange

> **Accreditation standards**
>
> 1.4.1 The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
>
> 1.4.2 The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

When addressing each of the standards, please include the following:

- **What education expertise is available to the education provider and how the provider ensures it has the necessary educational expertise to support the development, management and continuous improvement of its training, education, assessment and continuing professional development functions. [1.4.1]**

ACSEP draws on the expertise of an independent medical education consultant, as required, to help improve our training, education, assessment and CPD functions. ACSEP also draws on the experience of senior fellows, specifically trained to deliver education, particularly those with University posts, and recruits National Office staff with education development experience.

- **Provide a summary of the existing and/or proposed collaborative links with other educational institutions (including national and international links and links to any specialty societies or other organisations that contribute to the education and training). Describe the nature of those links. [1.4.2]**

Many ACSEP Fellows have appointments at many Universities around the world, delivering SEM educational content and assisting with SEM research initiatives.

Current examples include:

- Jane Fitzpatrick – University of Melbourne
- Carolyn Broderick – UNSW
- Peter Brukner, Michael Makdissi – LaTrobe University
- Kieran Fallon – Australian National University
- Mark Fulcher, Dan Exeter – Auckland University
- Hamish Osbourne – Otago University
- Michael Jamieson – University of Western Sydney
- John Orchard, Jeni Saunders – Sydney University
- Hugh Seward, Andrew Jowett – Deakin University
- Ken Fitch – University of Western Australia

ACSEP also works closely with international journals, such as the BJSM and CJSM. ACSEP is the guest editor to an ACSEP-themed BJSM edition, annually promoting ACSEP Fellow and registrar research. BJSM also provides support for and tutorials **(Appendix 1.4.2 C)** open to our registrars and fellows **(Appendix 1.4.2 A)**.

ACSEP Fellows also work with the IOC Medical Commission to deliver conferences and the Annual Advanced Team Physician Course. We are also fostering relationships with the Asian Sports Medicine Federation to hopefully deliver similar presentations at their Team Physician Courses at the Annual Congress.

ACSEP is also looking to collaborate with other SEM Societies and Organisations, such as VSG (Holland), ACSM, AMSSM, CASEM, FSEM (UK), to help develop international consensus statements and educational material.

- **Describe any new activities directed towards regional and international cooperation with other educational institutions. [1.4.2]**

As stated previously, ACSEP is currently working with:

- ACRRM – working to share educational modules on rural practice and musculoskeletal Sport and Exercise Medicine. We are also working to provide support for rural Sport and Exercise Physicians and Sports GPs.
- ACEM – working to help educate emergency physicians in the management of sports concussions and share training of ACSEP Registrars in emergency departments by emergency physicians
- RACP – accessing RACP Doctors' Health and Wellbeing public website as part of our Mental Health and Wellbeing resources for our Better Members website
- RANZCP – sharing doctors' mental health / wellness education resources
- SMA, SMNZ – working closely with these wider SEM organisations to collaborate on wider SEM community issues, including community concussion management and drugs in sport.
- APA – working with sports physiotherapists to improve referral pathways, and support evidence-based exercise programs in the management of chronic musculoskeletal issues, including osteoarthritis and tendinopathy
- Sri Lankan Government Ministry of Sport – as per our 2017 Memorandum of Understanding, ACSEP is helping the Sri Lankan Institute of Sport upskill its sports physicians and greater medical community in specialist SEM care. We are also helping Sri Lanka develop physical activity guidelines for the entire Sri Lankan Community.
- In 2018, ACSEP is also in discussion with Japanese SEM educational bodies about sharing ACSEP educational resources and symposia.

- **Describe the provider's major activities since the last AMC accreditation to compare the curriculum with that of other programs. Summarise any significant changes made or planned as a result in the curriculum section [1.4.2]**

Since the last AMC accreditation in 2014, the ACSEP has conducted an internal review of the ACSEP Curriculum, completed in 2016 **(Appendix 1.4.2 B)**. As part of this review, significant changes to the curriculum include cultural competency, indigenous health, and mental health and wellbeing of both patients and doctors. A more extensive review of the curriculum, including input from external stakeholders will commence in 2019.

- **Identify other relevant strengths and challenges in relation to educational expertise, plans for development and the processes for addressing the challenges, with examples.**

While the ACSEP has a strong curriculum, we expect that the Education Committee will further strengthen it. The Education Committee now includes an external community member with expertise in education and curriculum development. As the National Office expands, there will be an emphasis on employing staff with educational skills to help the Education Committee, other college committees and the Board deliver the Education Strategy for the College and its members.

1.5 Educational resources

Accreditation standards

1.5.1 The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.

1.5.2 The education provider's training and education functions are supported by sufficient administrative and technical staff.

When addressing each of the standards, please include the following:

- **Briefly describe the resources available and describe how the education provider has determined that its resources and management capacity for training are adequate. If relevant, give examples of changes made or planned as a result of review of capacity by the education provider. [1.5.1]continuous improvement of its training, education, assessment and continuing professional development functions. [1.4.1]**

See Figure 6 below:

Figure 6.

RESOURCE	WHAT	STRENGTHS, CHALLENGES, DEVELOPMENTS, FUTURE PLANNING
College website	The College website houses the training program documents, forms and policies (https://www.acsep.org.au/page/ resources/ trainingprogramdocs). There is a member's login area (https://www.acsep.org.au/login) where Registrars access their LMS.	The College website was launched in 2016. The website is functional and far superior to the previous version. At the end of 2017, much of the training program information was added to the website to let the Registrars, Fellows and College members easily access the information. The College will be looking to implement some cosmetic changes to the website over the coming years, with the biggest change to be the inclusion of an eCommerce platform. This will allow registrars to purchase eLearning Modules, courses, exam entries and membership.
Litmos LMS	ACSEP uses the Learning Management System (LMS) platform "Litmos". This online platform is used for three key areas: 1. To house the e-Learning Modules created by the college, which are used by the Registrars and other members of the ACSEP community 1. To keep track of tutorial attendance and tutorial session records 2. To keep track of the Registrars' Learning Portfolio through the upload of their completed assessment documents.	Litmos was launched mid-2017 and is a far superior system than what was used previously for eLearning Modules (LearnFlex). The tracking of tutorial sessions works sufficiently within the LMS, however, we are currently working with Litmos to try and make the reporting function of the attendance easier to create and report on. This is an ongoing project with Litmos. Prior to Litmos, the Registrar's assessment documents were sent to the National Office for storage on the College's internal shred drive. Now with Litmos, the Registrars upload their own forms into the LMS. While this is a benefit in Registrars uploading their own documents, Litmos is not built to be used as a document storage/tracking platform, and as such, this functionality of Litmos is not fulfilling the College's ideal needs. The College is working with Litmos to determine if any changes can be made to improve the functionality of the system/processes, and if not, then the College will assess other platforms/processes for suitability.
Training material	Such as: · Training manual · Curriculum · Curriculum companion · Tutorial manual · eLearning Modules · Courses · Deliverable forms	Curriculum review to occur in 2019 with internal and external stakeholder consultations. Further development of the ACSEP Companion manual and training manual planned in 2018 STP funded development of eLearning modules to occur each year Development of online forms and processes to enhance the end user experience
Tutorial Connectivity Kits	At the beginning of 2018, the College launched our new Tutorial Connectivity Kits. These kits include a: · Samsung tablet · Tripod & mount · Tablet case · Charger & extension lead · Carry bag · Data SIM · Access to College Zoom teleconference account · How to use guide	Prior to 2018, Registrars streamed the Tutorial sessions via their own devices and data – there was no one streamlined approach. From discussions with registrars, the Training Committee and National Office, it was deemed that this system was insufficient in connecting registrars to the tutorial program, and that if we wanted to place more regional registrars, this system would need to be improved. The National Office created a proposal for the kits, which was presented to the College CEO, President, Chair of Training and College Registrar representative. The proposal was approved and the kits were purchased for 2018. The six Tutorial Connectivity Kits were given to each Zone Registrar representative to use within their weekly tutorial program to increase the connectivity of remotely based registrars and registrars in other states, as well as enabling the tutorial session to be held in locations that did not have access to WiFi. The tablets are expected to have a two-to-five-year lifespan, so will need to be replaced when the technology needs updating. More tablets will be purchased if more areas need devices. The other kit items will be replaced as needed. The data amount in the SIMS will be increased/decreased as the need arises. The need and suitability of the connectivity kit will be assessed on a yearly basis to determine if any alterations are needed.

National Office Staff	The Registrar & Training Coordinator (RTC) looks after the training program and the registrars on the training program. The Administrator Officer within National Office manages the prospective registrars wishing to join the training program. The Program and Systems Administrator (PSA) assists in creating training program policies and governance documents. The Finance Administrator manages all of the financial aspects of the College, particularly processing the incoming payments received from the registrars for course purchases and membership. The CEO Overseas all aspects of Training.	Only a few years ago, National Office consisted of the CEO, a Training Coordinator and an National Program Manager. In 2018, National Office now has 8 staff members. 5 of these members, including the CEO and Registrar Training Coordinator, work part time. Over the next year, National Office is aiming to recruit at least one other full-time staff member and potentially a part-time admin assistant. Over the next five years there is expected to be greater growth within National Office to ensure that the requirements of the training program, registrars, various other committees and working groups, fellows and other ACSEP members are properly covered.
ACSEP Clinical Training Supervisors	The bulk of an ACSEP Registrar's training is conducted within Private SEM Practices with ACSEP Fellows. These practices have an arrangement with the registrar to work at their practice – the practice in turn provides the day-to-day training and assessment of the registrar. Regardless where an ASEP Registrar works, an ACSEP Fellow provides supervision of the registrar when they are seeing patients, and are referred to as a "Clinical Training Supervisor" or CTS.	CTSs are highly skilled ACSEP Fellows and are ideal teachers and supervisors for ACSEP Registrars. They provide the registrar with current and up-to-date SEM training and are able to assist the registrar in finding other work placements to gain more skills. They have also graduated through the ACSEP Training Program so are aware of the requirements of the program. A challenge for CTSs is that their teaching and support of the registrar is pro bono. To support ongoing teaching of registrars, the College CPD program is heavily weighted to reward fellows who deliver tutorials and train registrars. Within Australia, seven training practices have attracted STP or IRTP funding, which has a training fee allocated to the training practice. In NZ, with the new ACC funding structure taking effect in early 2018, CTSs will be paid for their support and teaching of registrars. While a CTS is a skilled SEM physician, occasionally they are not the most skilled teacher. ACSEP has created a number of free supervisor e-learning modules and day courses to assist CTSs in increasing their teaching skills and feedback knowledge. The four supervisor training modules are a mandatory requirement for all CTSs to complete each triennium of the CPD cycle. In the past, some CTSs have not been up to date with the latest training manual or curriculum and sometimes have a "hands-off" approach to linking teaching/supervision back to the training program. In 2018, the College conducted its annual supervisor update at the annual conference and gave attending supervisors a copy of the latest training manual and other college documents for reference. The Chair of Training reiterated the roles and responsibilities of the supervisor and emphasised the need for supervisors to keep tabs on the training program requirements to ensure they stay up to date with their registrars and the latest training program requirements. As the College is dependent on ACSEP Fellows taking registrars for the training program to work, the College needs to ensure there are enough fellows who are willing to take on registrars. The College also wants to increase the number of practices/fellows that can take on registrars outside of central metro areas to increase the demographical area the College is currently bound within, and therefore increase the patient and learning demographic the registrar receives. From 2018, the Workforce Planning Working Group will map out future workforce planning locations and placing stronger emphasis on rural placements. The Practice Accreditation Working Group will work with current and new practices to ensure working placements are suitable for registrars and are aligned with the training program requirements. Over the next few years, National Office, along with the Education Committee, plan to place more emphasis on our fellows and registrars having an understanding of basic business knowledge. We hope that with this extra knowledge, we can better prepare our registrars for running a business, potentially starting up their own practices and ideally, setting up rural practices. This will be provided via a College-created business booklet and business related e-learning modules.

ACSEP determines whether its resources and management capacity for training are adequate through a number of internal measures, including:

- Annual Registrar and Fellows Survey
- Feedback from the Board based on the College Risk Register and other concerns raised directly with the Board
- Feedback from the committees and working groups to the National Office or to the Board through the appropriate reporting mechanisms
- Feedback from the ACSEP Registrar group through the registrar representative who sits on both the ACSEP Board and Training Committee

- **Describe the challenges facing the education provider in resourcing its education and training activities for the next five years and its responses to those challenges. [1.5.1]**

A challenge for ACSEP is to improve the delivery of Registrar training in private practice, especially when all training provided by Fellows, and other clinical training instructors, including other medical specialists and health professionals are pro bono. More funding through ACC, STP and IRTP will help Fellows train Registrars and also improve access to resources and infrastructure to deliver content and programs.

Another challenge for ACSEP is the development of our eLearning modules **(Appendix 1.5.1 A & B)**. ACSEP is keen to shift this to the National Office to project manage this development, rather than a Fellow coordinating and developing this content. Fellows and other medical and allied health experts will still be required to provide the content. The more modules that can be produced at a high quality, the higher the quality of the educational program for the trainees and members, this will help train our Registrars to become superior Fellows, and continually up-skill our existing Fellows and ultimately increase membership, especially internationally. Increased membership will hopefully make this self-sufficient in terms of module generation, review and maintenance.

- **Describe the practices the education provider employs to ensure that training and education functions are supported by sufficient administrative and technical staff. [1.5.2]**

More members and better administrative funding through STP and ACC means more revenue to employ sufficient administrative and technical staff to run college training and education programs. The College is also exploring more diverse revenue streams through sponsorships with bodies that align with the College culture and values **(Appendix 1.5.2 A and B)**, international partnerships and delivery of ACSEP educational activities – both domestically and internationally.

- **Identify other relevant strengths and challenges in relation to educational resources, plans for development and the processes for addressing the challenges, with examples.**

The strength of our educational resources is the intellectual property that ACSEP Fellows possess as this is of some of the highest quality in the world. The challenge is translating this into high quality SEM educational modules that can benefit the entire medical community – both domestically and internationally. The College has taken initial steps to cultivate this with our new partnership with Sri Lanka and hopes to build on this for future international collaborations. The College will look to further develop this strategy in future years as resources increase and partnerships strengthen.

1.6 Interaction with the health sector

Accreditation standards

1.6.1 The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

1.6.2 The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.

1.6.3 The education provider works with training sites and jurisdictions on matters of mutual interest.

1.6.4 The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education..

When addressing each of the standards, please include the following:

- **Describe the relationships with jurisdictions and opportunities to discuss expectations of and requirements for training, education and continuing professional development. The response should include information on any formal agreements. [1.6.1]**

ACSEP has emerging relationships with

- NSW Health – under consultation – regarding the Sport and Exercise Medicine Scope of Practice for SEM physicians to work in the public hospital system
- VIC Health – preliminary discussions regarding SEM physicians working in public hospitals, i.e. emergency departments, outpatient exercise and soft tissue injury clinics

- **Describe the relationships with community and government agencies and opportunities to discuss expectations of and requirements for training, education and continuing professional development. [1.6.1]**

ACSEP has strong relationships with many community and government agencies on both sides of the Tasman, which gives the College ample opportunity to discuss expectations of and requirements for training, education and continuing professional development. These agencies include:

- MBA, AHPRA, MCNZ – Professional Standards and CPD
- CPMC, CMC – collaboration on education, training and advocacy opportunities on health policy, especially Indigenous, mental health and workforce planning
- DoH, ACC – help facilitate training, especially in rural and remote areas through STP / IRTP funding in Australia, and ACC funding to assist with registrar training in NZ
- AMA, NZMA – advocacy on health and workforce policy, as well as MBS review in Australia
- ACSQHC, NMTAN, AHWA, NZHWA – align with government policies on OA Clinical Care Guidelines and workforce issues **(Appendix 1.6.1A)**
- ASC, HPSNZ, Sport NZ – align with high performance sport and national sport policies
- SMA, SMNZ – align with larger sports medicine community to drive partnerships with wider allied health SEM groups
- AIDA, TeORA, Pasifika Medical Association – work with indigenous bodies to improve indigenous health and workforce outcomes **(Appendix 1.6.1 B)**

- **Outline any activities undertaken in collaboration with the training sites to support clinicians to contribute to high-quality teaching and supervision. [1.6.2]**

ACSEP engages training sites through the Practice Accreditation Working Group, ensuring training practices are accredited every five years. The College also requires all clinical training supervisors to complete the training supervisor modules each CPD triennium. The College also runs Train-the-Trainer Workshops at the Annual Scientific Conference every two years **(Appendix 1.1.5 B)**.

- **Explain, with examples, how the education provider works with training sites and jurisdictions on areas of mutual interest, including: teaching, research, patient safety, clinical service and trainee welfare. In relation to specialist medical programs, capacity to train, and the implications of substantial proposed changes to specialist medical programs and trainee requirements need to be covered in discussions between education providers, training sites and jurisdictions, as well as changes in community need, and medical and health practice. [1.6.3]**

The ACSEP ensures a high-quality training program delivery through the Training Committee and Practice Accreditation Working Group **(Appendix 1.6.3)**. ACSEP also provides services to the members, including trainees, to assist their practice through the Better Members section of the ACSEP website. This includes resources for mental health and doctor wellbeing, links to the College Peer Support Group and Member Assist Program. The College also has two Fellows who act as Registrar Research Coordinator. They sit on the Research Committee, with a part-time research officer in the National Office, and help coordinate and approve registrar research proposals and assist with submission for publication as part of their fellowship requirements. Recent issues with maldistribution of the medical workforce, community specialist SEM care need and the capacity of ACSEP Fellows to adequately train our registrars has led to the formation of the College Workforce Planning Working Group. This group sits under the Training Committee and is chaired by the College Vice President. It includes:

- Two registrars – including the current and previous registrar representative
- National Office staff – including the CEO and Registrar and Training Coordinator

This group aims to address current ACSEP workforce issues and also ensures future trainees are allocated to areas of need

where there is high-quality SEM training and adequate supervision **(Appendix 3.3.1 B)**.

- **What partnerships exist between the education provider and communities, organisations or individuals in the Indigenous health sector? How are these partnerships fostered and what other relationships are being considered? [1.6.4]**

ACSEP launched our RAP in 2017 and engages with AIDA in Australia, board and committee members and National Office staff attending and presenting ACSEP workshops at the AIDA Conference in 2016, 2017 and again in 2018. One of the ACSEP registrars recently attended the AIDA Bowraville remote Indigenous community visit to Indigenous school children in March 2018, promoting Sport and Exercise Physicians as a medical career for the Indigenous community **(Appendix 1.6.1 B)**.

ACSEP also has an AIDA and Te ORA Conference Scholarship program that began in 2017. This provides financial support for a prospective trainee to attend the Annual Scientific Conference. By establishing support and connections with the ACSEP community early, the transition into ACSEP's training program is more streamlined **(Appendices 1.6.4 A and B)**.

ACSEP has also engaged with Te ORA in New Zealand and the Pasifika Medical Association. ACSEP is currently looking to develop a Maori and Pasifika Heath and Workforce Action Plan. ACSEP has Indigenous Fellows of Maori and Pasifika background who sit on the CPD and Education Committee and also Indigenous Health Working Group, and help shape the College's Indigenous Health, Education and CPD strategy.

- **Identify other relevant strengths and challenges in relation to interactions with the health sector, plans for development and the processes for addressing these challenges, with examples.**

In 2017, ACSEP successfully lobbied the NZ ACC to increase access to funding for registrar consultations under the appropriate supervision requirements for 2018. This will improve community access to specialist SEM care in NZ where there has been long waiting lists to see ACSEP Fellows and Registrars. This will also increase the number of trainees in NZ and in turn the NZ Sport and Exercise Physician workforce. This will help support the NZ primary care network and help manage many chronic diseases and musculoskeletal issues in the community rather than in the hospital setting **(Appendix 8.2.3)**.

ACSEP continues to lobby the Federal Government for improved specialist and registrar consultation MBS rebates. This is because the improved rebates would be more reflective of our consultative practice and make specialist SEM care more equitable to all community members, which would reduce the burden on the hospital system and health expenditure. ACSEP Fellows are wanting to move to regional areas. Last year, ACSEP Fellows developed outreach services to remote Indigenous communities in Broome, while this year an ACSEP Fellow is opening an SEM clinic for refugees in Western Sydney. Access to these services are significantly hindered by poor consultation rebates for comprehensive treatment and prevention plans, given many people have other chronic diseases.

ACSEP continues to lobby the Federal Government for increased STP and IRTP funding to assist with registrar training, clinical training supervisory support and the move of the SEM workforce into regional, rural, Indigenous and refugee communities. The concurrent STP administrative funding lets the College increase staffing resources, so we can develop, review and maintain our suite of educational modules and support learning initiatives for all remote trainees. Successful lobbying of these outcomes will significantly improve our trainees' pathways and training conditions, and also support our fellows who train registrars in private practice. Fortunately, we have progressed discussions with the Chair of the MBS Review Taskforce and have been guaranteed a seat on the Consultation Services MBS Review Committee due to convene in 2018. We are in an ongoing dialogue with the Department of Health regarding further STP and IRTP posts with training practices encouraged to apply for the next round of funding in 2019. ACSEP also recently developed a public hospital scope of specialist SEM clinical practice submission that was open to public consultation until March 29, 2018. We hope that this document will pave the way for ACSEP Fellows and Registrars to work in the public hospital system. There they can deliver the benefits of exercise medicine for chronic disease and expedite the management of many musculoskeletal injuries, which increasingly do not require surgical intervention, as per the emerging clinical evidence **(Appendix 3.4.4 A)**.

ACSEP is a strong supporter and member of the CPMC in Australia and the CMC in New Zealand. We also engage regularly with the AMA and MCNZ. These relationships hold the College in good stead for future discussions with the wider health sector. The College continues to provide SEM thought leadership in the medical community. The College

also releases relevant SEM position statements in both Australia and New Zealand, and holds an Annual Registrar and Scientific Conference for all members of the medical community. This is supported by a Management of Sporting Trauma course and Sport and Exercise Medicine Musculoskeletal Ultrasound Course. The College plans to also run these throughout the year, with our regular GP symposiums, which aim to educate GPs and other medical specialists about specialist SEM practice skills. We are engaging with colleges such as ACRRM, ACEM and the RACGP, as well as AIDA, Te ORA and the Pasifika Medical Association, as these skills are important to these medical groups, further highlighting the importance of SEM in the community.

1.7 Continuous renewal

> **Accreditation standards**
>
> 1.7.1 The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

When addressing each of the standards, please include the following:

- **Describe the processes for regular renewal of structures, and functions and resource allocation relating to training and education functions. Give examples. [1.7.1]**

ACSEP's CEO reports to the Board on operational matters that will assist the College to deliver its training and education strategy as per the 2018-2022 ACSEP Strategic Plan.

Sources of feedback for this include:

- Internal auditing of National Office functions and deliverables
- The Annual Registrar and Fellow Survey
- Reports from the various committees and working groups

An external review of the College curriculum is planned for 2019, and will be benchmarked against the evolving best practice from other specialist colleges, allied health groups, and community and health sector requirements.

The Board also has a risk register which includes the area of education and training **(Appendix 6.3.3 A)**.Regular review of the risk register at board meetings ensures any concerns regarding resource allocation are addressed. Part of this review at the end of 2017 meant a change to the current training coordinator structure in the Training Committee, shifting from State to Zone Training Coordinators. This was suggested by the Registrar Representative to the Board as a means of improving registrar supervision by training coordinators and removing any potential conflicts of interest that might arise when the Training Coordinator was also the Clinical Training Supervisor.

The National Office undertakes an annual review process within the Operational Plan annual review cycle.

The Year in Review is a new document which was implemented and presented at the 2018 AGM. This document allows all functions of the college to review the previous year and report on these areas to the wider college community **(Appendix 1.7.1)**.

Standard 2 The outcomes of specialist training and education

2.1 Educational purpose

2.2 Program outcomes

2.3 Graduate outcomes

AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

April 2018

Standard 2 The outcomes of specialist training and education

2.1 Educational purpose

Accreditation standards

2.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.

2.1.2 The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia, and/or Māori of New Zealand and their health.

2.1.3 In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities

ACSEP clearly articulates its educational purpose within the **Constitution**, which is publicly available on the ACSEP website **(Appendix 1.1.1 A)**.

The key elements of the Constitution are as follows:

- Promote recognition of the College as the pre-eminent body in Australasia and internationally for the establishment of training and education programs, and the development of professional standards in Sport and Exercise Medicine.
- Cultivate and encourage evidence-based practice, and promote excellence in Sport and Exercise Medicine healthcare services.
- Commit to high-quality research into Sport and Exercise Medicine and the transfer of research into evidence-based clinical practice.
- Increase understanding of Indigenous Australian and New Zealand cultures, and other culturally and linguistically diverse (CALD) communities. Additionally, cultivate a recognition that cultural competency is an ongoing professional development process and is important in improving patient outcomes.
- Uphold the status of Fellowship of the College and admit appropriately qualified members of the College to that status.
- Conduct and coordinate examinations and other assessment processes, and grant registered medical practitioners specialist recognition in Sport and Exercise Medicine.
- Ensure College members undertake continuing professional development and participate in effective, ongoing professional activities and learning.
- Provide advice and support to College members to assist them in establishing and maintaining an appropriate work/life balance, and to effectively meet the challenges of their professional life.
- Disseminate information and advise on any course of study and training designed to promote and ensure the fitness of persons who wish to qualify for College membership.
- Promote and further understanding of Sport and Exercise Medicine and related subjects, and professional relations among College members, members of other health professions, scientists and the community in general. This is achieved by hosting or sponsoring meetings, lectures, seminars, symposia or conferences within or outside of Australasia.
- Foster and promote cooperation and association with organisations in Australasia and the wider international area, particularly Asia and the Pacific region, that have objectives similar to the College. Furthermore, advance

public education and awareness of the science and practice of Sport and Exercise Medicine.

- Provide authoritative advice, information and opinions to other professional organisations, governments and the general public.
- Work with governments and other relevant organisations to achieve the provision of adequate, well-qualified, experienced and capable workforces in Australasia, and to improve public health services related to Sport and Exercise Medicine.
- Facilitate medical education and medical aid support to developing nations.
- Monitor issues affecting the professional interests of the College or its members, and take actions deemed necessary for the protection of those interests.

The College's ongoing aim is to provide a robust training experience for its Registrars while advancing the skills of its members through evidence-based practice. This mission is outlined on the ACSEP website along with the College values below. These values were voted for by the Membership following the 2017 Annual Scientific Conference and embody the culture that ACSEP strives to represent.

- **Integrity**
- **Excellence**
- **Professionalism**
- **Teamwork**
- **Leadership**

In January 2018, the Board finalised the 2018-2022 Strategic Plan. This strategic plan was accepted at the Annual General Meeting held in February 2018 and the final plan is attached as **(Appendix 2.1.1)**

The current ACSEP Strategic Plan has four main pillars which include:

- **Training Excellence**
  - Delivering the highest quality SEM evidence-based training
- **Member Engagement**
  - Improving educational opportunities and Fellow involvement with College activities
- **Organisational Sustainability**
  - Establish process and infrastructure to ensure financial stability and robust governance
- **Stakeholder Relationships**
  - Build partnerships and increase awareness of SEM among the broader community

2.1.2 The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia, and/or Māori of New Zealand and their health.

ACSEP is conscious of the importance of addressing the health of Aboriginal, Māori and the Pasifika people. As such, we have dedicated a section of the Strategic Plan to advocating for Indigenous, Māori and Pasifika health. Currently, we have two Māori Fellows and one Pasifika Fellow. As a small but growing Specialist Medical College, we acknowledge the role we must play in closing the significant gap in health standards that currently exists between Aboriginal and Torres Strait Islander people, and non-Indigenous Australians.

In 2017, ACSEP launched its first Reconciliation Action Plan (RAP) **(Appendix 1.6.1 B)**. Through the RAP, we are:

- Recognising that education and engagement will require ongoing commitment from members
- Ensuring that as an organisation, we are culturally competent in all areas of our organisation
- Setting both short and long-term goals that steer our organisation towards achieving our vision

Of particular importance, we aim to:

- Promote opportunities for Fellows and Registrars to be involved in Aboriginal and Torres Strait Islander health care and service delivery
- Advocate for Specialist Training Program positions in Aboriginal Medical Services
- Increase opportunities for Fellow involvement in outreach programs and activities to Aboriginal and Torres Strait Islander communities

ACSEP will be launching an Indigenous Health Working Group in 2018, with subsequent Māori and Pasifika Health and Workforce action plans in early development for launch in 2019.

The latest curriculum review also incorporated additional focus on Aboriginal and Torres Strait Islander health. The objectives of the RAP will be considered and further developed in the next curriculum review scheduled for 2019. The Education Committee and CPD Committee have indigenous representation from our Māori and Pasifika Fellows. The development of Indigenous Health resources and modules is a priority for these committees.

Our CPD Program has also been updated to enhance the knowledge of ACSEP Fellows. Now the program includes a range of cultural competency activities and requires a mandatory two hours to be spent in these activities annually **(Appendix 9.1.1)**.

We have not had an Aboriginal or Torres Strait Islander trainee as yet. The College is optimistic about accepting its first Aboriginal Associate Member as a trainee in 2019, as he has completed his Part 1 exam requirements and awaits a successful interview for the training program in September. We have supported this prospective trainee for the last two years, providing mentorship and financial support through our inaugural Indigenous Conference Scholarship in partnership with AIDA. Equally, this prospective trainee has provided ACSEP with great insight into the barriers many Aboriginal and Torres Strait Islander new graduates face when entering the medical workforce. We look forward to working with this prospective trainee and AIDA to reduce these barriers and have recently welcomed him to our Indigenous Health Working Group.

2.1.3 In defining its educational purpose, the education provider has consulted internal and external stakeholders.

ACSEP continues to liaise with a number of stakeholders regarding its educational purpose and roles. These are broken down into internal and external stakeholders.

Internal stakeholders

a. College staff are responsible for implementing ACSEP's Strategic Plan via an operational plan under the CEO. Each year, National Office staff meet to evaluate the previous plan, develop the new annual operational plan and determine the deliverables to be achieved. This meeting is run by the CEO. Business plans are then developed from this by staff in conjunction with their manager and used as the platform for regular monitoring and review.

b. Trainees are regularly involved in developing the purpose of the College. Trainees provide input through College committees and working groups at various levels. The highest level involves having a Registrar Representative on the College Board. Trainee interests are also represented on several formal committees and working groups, such as the Training Committee and newly re-established Education Committee. Trainee input is also sought through the Registrar representative in relation to any changes made within the College that can impact ACSEP trainees. Further feedback is received from the trainee body from the annual Registrar satisfaction survey, as well as other member surveys from which we drive areas for improvement **(Appendix 2.1.3 A and Appendix 6.1.3)**.

c. Fellows are also engaged in the process of defining the College's educational purpose through various College Committees. Feedback is generally provided through the Board of Censors and the Education, CPD and Training and Research Committees.

External stakeholders

Whilst ACSEP does not have a formal committee to engage external stakeholders, external stakeholders are consulted across many of our programs, and through representation on ACSEP Committees.

We strive to be a thought leader in Sport and Exercise Medicine. We engage with the wider SEM and medical community through a variety of **Position Statements** **(Appendix 2.1.3 B)**. Many of the ACSEP Position Statements have garnered national and media interest, strengthening our position and demonstrating ACSEP to be a leader in this field. Examples include the recently reviewed Position Statements on Supplements in Sport, the Place of Mesenchymal Stem/ Stromal Cell Therapies in Sport and Exercise Medicine, and Pre-Participation Cardiac Evaluation in Young Athletes. In 2018, we have a Position Statement Working Group developing a Position Statement on Youth Sub-specialisation in Sport, which we plan to disseminate to the wider SEM and medical community with the assistance of the AMA.

The Curriculum Working Group is a crucial working group of the College. This group is responsible for conducting tri-annual reviews of the Curriculum to ensure it continues to be in line with best SEM practice, while incorporating the requirements of the AMC standards. The Curriculum Working Group is part of and collaborates with the Education Committee as well as an external medical specialist education consultant. From 2018, The Chair of the Curriculum will meet with the Chairs of Censors, Training and Education every six months to ensure the Curriculum needs of all committees adhere to the AMC requirements and are met. For the 2019 Curriculum Review, there will be additional review and feedback from a number of other external stakeholders, including physiotherapists and specialist medical colleges **(Appendix 1.2.1 and 1.1.3 J)**.

We have recently strengthened our relationship with the AIDA to ensure that we continue to grow in our capacity to provide education on cultural awareness, competency and safety to our members. The AIDA is committed to promoting SEM as a specialty option to its members and is collaborating closely with us to ensure the support of AIDA members and their transition to the ACSEP training program.

ACSEP now has a suite of online e-learning educational modules accessible via the College's Learning Management System accessible via the **ACSEP website**. This suite, comprised of academic, internal medicine and examination modules, has been created with input from leaders in each field, whether they be College Fellows or external specialists. The newly re-formed Education Committee will develop a documented cycle of regular reviews to ensure these remain contemporary and in line with the current evidence base.

ACSEP is committed to ongoing advocacy and broadening public knowledge in Sport and Exercise Medicine. A key strategy is growing our social media presence in line with the College's Marketing and Communications strategy. We have a dedicated Marketing and Communications specialist who is responsible for the College's social media and website communication. The Marketing and Communications specialist is also responsible for the development of key educational materials, such as the **GP Referral Guide** **(Appendix 2.1.3 C)** available on the ACSEP website.

ACSEP also continues to advocate for its educational purpose and the role of Specialist SEM within the wider medical community in forums such as the CPMC, CMC and AMA. With representation from the ACSEP President and CEO, we continue to lobby for support among senior leadership of the other medical specialist colleges so that SEM becomes an essential part of the twenty-first century medical landscape.

As part of satisfying our educational purpose of providing information and raising awareness of the benefits of Sport and Exercise Medicine in the community, ACSEP continues to advocate for government to provide information on the benefits of Sport and Exercise Medicine in the public health space. In 2017, ACSEP President Dr Adam Castricum wrote to the Australian Minister for Health Greg Hunt, advocating on behalf of ACSEP that the current MBS rebate numbers do not reflect the complexity of the consultations SEM Physicians have with their patients. He further outlined that the current item numbers were prohibitive for many patients requiring access to specialist SEM services, particularly those from rural, remote, indigenous and refugee communities and with chronic health conditions such as diabetes, cancer and osteoarthritis. Dr Castricum, Dr Louise Tulloh (now Vice President), and CEO Kate Simkovic subsequently met with Dr Andrew Simpson at the Australian Department of Health and the Chair of the MBS Taskforce, Professor Bruce Robinson. We are engaged in ongoing discussions around this and are optimistic about having representation on the upcoming Specialist Consultation MBS Review Committee. A change in the MBS item numbers for both Fellow and Registrar consultations will allow access for many more Australians, increase the College's capacity to train SEM trainees and expand the specialty into regional, rural and remote regions, as well as other areas of need around Australia.

2.2 Program outcomes

Accreditation standards

2.2.1 The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.

2.2.2 The program outcomes are based on the role of the specialty and/or field of specialty practice, and the role of the specialist in the delivery of health care.

2.2.1 The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.

ACSEP clearly indicates that Sport and Exercise Medicine is the medical specialty area covered by the programs offered by the College. We outline via our website that the Australasian College of Sport and Exercise Physicians is the pre-eminent professional body representing Sport and Exercise Physicians and Sport and Exercise Medicine in Australasia. There are no other specialist Sport and Exercise Medicine training programs offered across Australasia, however there are similar but unequivalent training programs offered overseas.

The continuing objective of the ACSEP training program is to "uphold and advance world leading training and practice in the specialty of Sport and Exercise Medicine".

The ACSEP Curriculum is divided into four sections which include:

- Sport and Exercise Medicine foundations
- Clinical Decision Making
- Fundamental Competencies
- Care of Athletes and Teams

The College has an established curriculum which is continually reviewed **(Appendix 2.2.1 A)**. The most recent curriculum review has included an increased significance in two topic areas, including Indigenous Health and the mental health and wellbeing of patients and doctors.

The SEM Landscape

Sport and Exercise Medicine specialists see a variety of patients with musculoskeletal and chronic health conditions such as osteoarthritis, cardiovascular disease, obesity, diabetes, various cancers and mental illness. They often use exercise as a method of preventing chronic diseases such as these. Exercise has been shown in numerous clinical trials to be an effective treatment for all of these conditions as well as to significantly reduce the occurrence of these in the long term, which helps the community and the health budget. A recent study has shown exercise therapy to be a safe way of improving functional capacity and reducing disability in those with chronic disease and should therefore be recommended as part of their management plans **(Appendix 2.2.1B)**.

While many patients in the inner suburbs of major centres can afford this care, many in the outer suburbs, rural and remote centres (including indigenous and refugee communities) cannot access this level of specialist care. Currently, 56% of Australian adults and just under 20% of children meet the National Physical Activity Guidelines. Significantly, physical inactivity rates are highest in indigenous and lower socioeconomic communities where the burden of chronic disease is greatest. We have Fellows and trainees in regional areas such as Darwin, Cairns, Townsville, Ballarat, Bendigo, Warrnambool and the Central Coast of NSW who are looking to branch out further into smaller remote communities, but are limited by the ability of these communities to afford such care.

Given the burden of chronic disease, the demand for Sport and Exercise Medicine services is predicted to rise. The current health care needs of the Australian public is evident in the recent **2017 AIHW report** **(Appendix 2.1.3 D)** which lists obesity as 7% of the total health burden in Australia. The report also revealed that 45% of the osteoarthritis burden is attributed to obesity, with these figures set to grow in the absence of immediate intervention.

Conversely, sport participation rates will hopefully increase as already observed in elite women's sport, which requires increased specialist SEM services to cover a growing number of teams, competitions and organisations. Significant musculoskeletal injuries, concussion and drugs in sport, are major issues and it is important that the community has adequate specialist SEM services to cover this growing area. This is to ensure all members of the community can engage in sport and exercise for the betterment of their health.

2.3 Graduate outcomes

Accreditation standards

2.3.1 The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

2.3.1 The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

Upon successful completion of the ACSEP training program and all requirements, ACSEP trainees will be awarded a Fellowship of the ACSEP **(Appendix 5.2.1)**.

The graduate outcomes of a FACSEP include the following:

- Develop and maintain clinical knowledge relevant to the practice of Sport and Exercise Medicine.
- Apply knowledge when consulting with individual patients, sporting groups or teams, taking into consideration the specific needs of particular populations such as female athletes, children, the elderly and para-athletes in a variety of environments.
- Assess and manage acute, chronic or traumatic injuries and medical problems arising from or affecting physical activity among a range of patients, from recreational exercisers to elite athletes.
- Prescribe exercise programs for patients to:
  - Prevent injury and illness
  - Reduce risk factors of chronic disease
  - Support the management of medical problems, including chronic disease
- Provide patient-centered care, demonstrating effective communication skills, professionalism and cultural awareness.
- Take a leadership role in the education of patients, the public, sporting groups and teams on the benefits of sport and exercise and other related issues.
- Manage the care of sporting groups and teams at all levels, from community through to elite and professional.
- Manage issues relevant to Sport and Exercise Medicine for professional sporting clubs, national sporting organisations and events.
- Provide advice and representation to all relevant stakeholders on all issues regarding doping in sport.
- Support travelling athletes and teams prior to departure and while interstate or overseas and provide follow-up care after arriving home.
- Participate in professional development activities and contribute to the expanding body of Sport and Exercise Medicine knowledge by participating in research projects relevant to the specialty.

These outcomes have remained the same since the last AMC report in 2014.

Standard 3 The specialist medical training and education framework

AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

April 2018

Standard 3 The specialist medical training and education framework

3.1 Curriculum framework

Accreditation standards

3.1.1 For each of its specialist medical programs, the education provider has a framework for the Curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

The ACSEP Curriculum **(Appendix 2.2.1 A)** is organised according to defined program and graduate outcomes. On completion of the ACSEP Training Program, graduates will be able to:

- Develop and maintain clinical knowledge relevant to the practice of Sport and Exercise Medicine
- Apply knowledge when consulting with individual patients, sporting groups or teams, taking into account the specific needs of particular populations such as female athletes, children, the elderly and para-athletes in a variety of environments
- Assess and manage acute, chronic or traumatic injuries and medical problems arising from or affecting physical activity, among a broad range of patients, from recreational exercisers to elite athletes
- Prescribe exercise programs for patients to:
  - Prevent injury and illness
  - Reduce risk factors of chronic disease
  - Support the management of medical problems, including chronic disease
- Provide patient-centred care, demonstrating effective communication skills, professionalism and cultural awareness
- Take a leadership role in the education of patients, the public, sporting groups and teams on the benefits of sport and exercise, and other related issues
- Manage the care of sporting groups and teams at all levels, from community through to elite and professional
- Manage issues relevant to Sport and Exercise Medicine for professional sporting clubs, national sporting organisations and events
- Provide advice and representation to all relevant stakeholders on all issues regarding doping in sport
- Support travelling athletes and teams prior to departure and while interstate or overseas, and provide follow-up care after they arrive home
- Participate in professional development activities and contribute to the growing knowledge of Sport and Exercise Medicine by participating in research projects relevant to the specialty

The Curriculum's content is divided into four sections:

1. **Sport and Exercise Medicine Foundations** – *establish and maintain clinical knowledge relevant to the practice of Sport and Exercise Medicine.*

   1.1. Injury and Illness Prevention

   1.2. Injury Assessment, Management and Rehabilitation

   1.3. Internal Medicine as it relates to Physical Activity

   1.4. Physical Activity in Specific Populations

2. **Clinical Decision Making** – *apply clinical knowledge relevant to the practice of Sport and Exercise Medicine.*

   2.1. Patient Assessment

   2.2. Investigations

2.3. Preventive and Therapeutic Interventions

2.4. Procedural Skills

3. **Fundamental Competencies** – *function effectively as consultants, integrating knowledge of Sport and Exercise Medicine, clinical decision making skills and fundamental competencies to provide optimal, ethical and patient-centred medical care.*

   3.1. Communication

   3.2. Collaboration

   3.3. Leadership and Management (significantly modified)

   3.4. Health Advocacy

   3.5. Research, Teaching and Learning

   3.6. Professionalism

   3.7. Cultural Awareness and Safety (new)

4. **Care of Athletes and Teams** – *apply clinical knowledge, skills and attributes relevant to the practice of Sport and Exercise Medicine when caring for athletes and teams.*

   4.1. Emergency and Acute Trauma in Sports Medicine

   4.2. General Medicine for Care of Athletes (new)

   4.3. Care of Sports Teams

   4.4. Events

   4.5. Travelling Athletes

   4.6. Doping and the Athlete

   4.7. Sports Psychology

When addressing each of the standards, please include the following:

- **Describe the educational framework of the specialist medical program(s). Outline the program structure, including how the specialist medical program is organised by year, terms, or phases.**

The four-year, full-time equivalent advanced training program is divided into eight training periods, with each period defined as six months of training. The registrar is expected to meet with the Zone Training Coordinator towards the end of each training period, where an interview is held, supervisor feedback is reviewed, and progress is assessed. The registrar may only continue when all requirements are completed.

The first three years of training must be conducted in accredited training practices. In the first year of advanced training, the registrar is required to complete a total of 32 hours per week of supervised clinical training. 24 hours of this supervision must be conducted by ACSEP Fellows (CTS) and the remainder by other medical specialists such as radiologists, cardiologists, rheumatologists and orthopaedic surgeons (CTI). The supervised hours may include time spent observing and assisting with the clinical cases of supervisors in addition to the registrar taking on their own case load. A requirement of supervision is that the supervising Fellow must be physically present at the training location and be available for guidance while the registrar is consulting with patients. The registrar may also be involved in unsupervised clinical activities. Registrars are limited in the number of hours they may spend each week with CTI's. Only eight hours spent with a CTI count towards accredited teaching time.

In second year, the registrar is required to complete 24 hours per week of supervised clinical training, at least 18 of which are with ACSEP Fellows. This reduces to 16 hours of supervised training in the third year, 12 hours spent with ACSEP Fellows. In the final year of training, there are no hours of supervised clinical training required. The registrar must however, demonstrate that they are working in an environment which is deemed to be beneficial to their education in the field of Sport and Exercise Medicine. Registrars may only spend a maximum of two years (FTE) in one practice.

In the Curriculum there are designated years of training for each subject area, within which a registrar should focus on and attain competency in these areas. In some subject areas, learning is expected to occur over multiple years. Learning of the Fundamental Competencies is continuous across the training program.

For 44 weeks in each year, registrars are required to attend structured formal weekly tutorials presented by Fellows of the College and other medical specialists or relevant allied health professionals. At these tutorials, along with interactive lectures, registrars are expected to present and discuss issues related to the practice of Sport and Exercise Medicine, and are required to demonstrate acquired clinical skills relating to examination techniques, interpretation of x-rays and the ability to formulate efficient, effective management plans. **(Appendix 7.2.1)**

Registrars are required to complete a MOST (Management of Sporting Trauma) course every three years (or equivalent, such as the International Rugby Union Immediate Care Course). There are specific requirements regarding medical coverage of a sporting team and various sporting events, as well as the medical planning and management of a large sporting event which must be completed.

The completion of the Academic modules previously required a registrar to seek a relevant course at an external university at significant expense. With the continuous development of the Online Education Modules on the ACSEP LMS, registrars now have access to the five compulsory Academic modules, which have been created by experts in the relevant fields to fully align with learning outcomes from the ACSEP Curriculum. The cost is less than half the previous cost of completing these courses.

The courses became available as follows:

- Research Methodology 2014 – Plans to formally review and update in 2018
- Sports Nutrition 2015 – Plans to formally review and update in 2018
- Sports Psychology 2015 – Added a mental health section in 2016 and there are plans to formally review this module in 2019
- Biomechanics 2014 – Formally reviewed and updated by the original author in 201
- Sports Pharmacology 2016 – Updated in 2017 due to the launch of the new online learning platform
- Every Academic module includes an online examination, which must be successfully completed

The Training Manual documents training requirements and the year in which they should be completed. There has been no significant change in the program over the last five years, other than the removal of the requirement for the interstate (interzone) year. Trainees are encouraged to move between training zones and must train at a variety of centres **(Appendix 5.2.1)**.

If the framework has changed over the last five years, please indicate when the change occurred and when the education provider advised the AMC of the change. Indicate if any changes are planned over the next two years. [3.1.1]

Future Plan:

A major formal curriculum review will occur in 2019. Given it will be six years since the launch of the current framework, a wide-ranging review of the framework used by other specialist medical colleges will occur, including input from allied medical health professionals and specialists from other colleges. The Curriculum Working Group will relay feedback in a variety of ways from registrars and fellows of ACSEP, and appropriate changes will be made to the Curriculum's framework and content. At this stage, no major changes to the framework are planned.

- The Chair of the Curriculum Working Group will meet every six months with the Chairs of the Education and Training Committees and the Board of Censors starting in April 2018, to discuss potential changes to the Curriculum and ensure they adhere to the AMC guidelines. Additional feedback will come from the Education Committee to the Curriculum Working Group Chair when they meet.
- Major stakeholders will be contacted in the second half of 2018 for their feedback regarding the Curriculum's framework, content or ease of use. Comments will also be sought regarding the aligned tutorial program, online educational modules (survey currently underway) and assessment blueprint.

- A Curriculum Review workshop will be held at the ACSEP conference in February 2019, inviting discussion and feedback regarding the Curriculum.
- This feedback will be incorporated into a revised document and then distributed for review by internal and external stakeholders.
- This feedback will be assessed and incorporated where appropriate.
- A final draft document will be disseminated to College members for final review and feedback.
- The revised 2020 Curriculum will be launched in February 2020 at the ACSEP Annual Scientific Conference.

Expected changes to the Curriculum and associated tutorial program include:

- Further emphasis on practitioner mental health and wellbeing
- Further emphasis on business and financial management
- Awareness of addiction issues in athletes and medical practitioners – gambling, internet, substance, gaming and more
- Cyber risks and relevant privacy laws and considerations

A workshop will be held at the ACSEP conference in February 2019, reviewing the fundamental competencies and ensuring that stakeholders in the College are familiar with the current concepts and refinements of the aims and goals of these competencies.

ACSEP is considering the move toward a 'stages of training' approach as opposed to registrars moving from one year to the next due to time spent in accredited training posts.

This is referred to in standard 3.4.1

3.2 The content of the curriculum

Accreditation standards

3.2.1 The curriculum content aligns with all of the specialist medical program and graduate outcomes.

3.2.2 The Curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

3.2.3 The Curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

3.2.4 The Curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-oriented care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision making.

3.2.5 The Curriculum prepares specialists for their ongoing roles as professionals and leaders.

3.2.6 The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.

3.2.7 The Curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.

3.2.8 The Curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

3.2.9 The Curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).

3.2.10 The Curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

3.2.1 The curriculum content aligns with all of the specialist medical program and graduate outcomes.

The ACSEP Curriculum's content aligns with the the specialist medical program and graduate outcomes, and defines the skills, knowledge and attitudes required of a SEM specialist. The most recent formal review of the ACSEP Curriculum occurred in 2016 **(Appendix 1.4.2B)**.

Key stakeholders, including ACSEP trainees and key Fellows involved in training, were invited to provide formal feedback to the Curriculum Development and Review Working Group, and this enabled the group to devise suggested areas requiring further attention from within the Curriculum or that need to be added to the document.

Questions were then formulated to prompt an internal group of stakeholders to provide more specific feedback on the Curriculum.

A two-hour curriculum review workshop was held at the 2016 Annual Conference with compulsory attendance by registrars and training supervisors. It was also well attended by the wider college community and speakers from other disciplines. The workshop included a short presentation on updates that would be made to the Curriculum, including key inclusions in CanMEDs 2015, which should be reflected in the revised ACSEP Curriculum. This provided some initial content for participants to respond to. The Chair of the Curriculum Working Group, along with a specialist medical educator, facilitated discussions in the workshop with the assistance of a panel comprised of a registrar and two Training Supervisors. There was significant and enthusiastic involvement from the stakeholders, with suggestions noted and ultimately incorporated into a draft version of the Curriculum. Further feedback was invited from key stakeholders and the general membership late in 2016, prior to final amendments and it's launch in February 2017.

Specifically, curriculum changes that have been made include:

- The change of domain from Management, including Quality and Safety, to Leadership and Management in Fundamental Competencies – grouping leadership competencies together. Additional learning outcomes were also added to cover the issues surrounding starting a business and financial management.
- A focus on patient-centred care throughout Section 2 – *Clinical Decision Making*
- Further emphasis on cultural awareness and safety
- Further emphasis on mental health issues of SEM Physicians and trainees, as well as athletes and the usual patients seen in clinics
- Expansion of the broad learning outcomes to articulate the emphasis on patient-centred, goal-oriented care
- Modification of the nutrition learning outcomes to include Relative Energy Deficiency in Sport as a condition affecting the broader population, not just women. Feedback from dieticians who assisted with the development of the Nutrition Academic module was also incorporated.
- Inclusion of the newly developed e-modules in the teaching and learning suggestions for the relevant topic areas
- Updated references to recently published guidelines and position statements
- An update of the Doping module to keep abreast of the WADA prohibited list and National Anti-doping Scheme Legislation

3.2.2 The Curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

The first domain, Fundamentals of Sport and Exercise Medicine, is largely knowledge-based and requires the trainee to access information, maintain knowledge and practice evidence-based medicine in the topics of study. The Part 1 Examination works as an assessment tool to drive learning of some scientific foundations of the specialty. Many learning outcomes in Section 1 require trainees to describe the principles of, and scientific evidence and efficacy for, the establishment and maintenance of clinical knowledge relevant to the practice of Sport and Exercise Medicine. These principles specifically relate to:

1.1. Injury and Illness Prevention
1.2. Injury Assessment, Management and Rehabilitation
1.3. Internal Medicine as it relates to Physical Activity
1.4. Physical Activity in Specific Populations

The Fundamental Competencies domain includes a section on research, teaching and learning, which outlines outcomes that specifically address the need to retrieve and critically appraise available information to confront clinical issues. The broad learning outcomes also address the need to continue to obtain and maintain evidence-informed clinical knowledge. Direct supervision of registrars in clinical practice, tutorial involvement and the online learning modules reinforce the practice of evidence-based medicine.

The specialty of Sport and Exercise Medicine is a relatively new area of medicine. The scientific basis of this specialty has grown rapidly in the last 30 years, but there is a significant amount of work that still needs to be done. The challenges of ensuring that there is a good scientific basis for the specialty are obvious when large gaps remain in our knowledge in a number of areas. The research requirement in the ACSEP Training Program, supported by the Research Academic module, encourages our trainees to search for these gaps and help solve clinical questions relating to Sport and Exercise Medicine. The need for registrars to present their literature review/research study outcome at the National Conference lends gravity to the importance of this concept.

As SEM gains importance, popularity and exposure throughout the world, there has been a significant increase in good quality studies and consensus statements on important topics. Recent examples include statements on concussion, relative energy deficiency in sport, exercise in pregnancy and ECG interpretation in athletes. Such guidelines and statements are referred to in the revised curriculum.

ACSEP continues to develop online educational resources created by content experts in specific areas to support the learning of our registrars. The weekly tutorial program also aims to support evidence-based practice by inviting Fellows and practitioners from other specialties with more specific skills and up-to-date knowledge in their areas of expertise.

Registrars are provided with access to three key Sport and Exercise Medicine journals via the College website, which allows them to examine evidence for the practice of Sport and Exercise Medicine in addition to maintaining awareness of advances in the field. On the LMS, there are 5 Academic modules (as previously noted), 7 examination videos (demonstrating appropriate examination techniques for joints and related areas) and 35 one-hour, interactive modules which include audio and audio-visual aids **(Refer to LMS)**.

3.2.3 The Curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

The ACSEP Curriculum focuses on safe patient-centred care, and teaching culturally aware, effective communication skills and professionalism in all aspects of patient management. This is enunciated in the broad learning outcomes and then expressed in more depth in the Curriculum, within Section 2 - Clinical Decision Making and Section 3 - Fundamental Competencies.

Section 2 – Clinical Decision Making: Learning outcomes were added or modified in the domains of Patient Assessment, Investigations, Interventions and Procedural Skills in an effort to emphasise the importance of patient-centred care.

- Learning outcomes in *Domain 2.1* - Patient Assessment now refer to eliciting a history and conducting a physical examination of a patient for a range of purposes, including diagnosis, management, prevention and health promotion.
- Learning outcomes in Domain *2.2 - Investigations and Domain 2.3* – Interventions focus on establishing goals of care with patients, which include improving performance or function, treating symptoms and underlying conditions or preventing injury. To emphasise the importance of continuity of care, a learning outcome about establishing the roles of the patient and all team members with regard to follow-up was added. This addition was to help ensure that agreed follow-up and communication with all relevant stakeholders (i.e. medical practitioners, patients and their families) occurs.

Section 3 – Fundamental Competencies enunciates the importance of effective communication for safe patient care: Learning outcomes have been modified to ensure that the information given to the patient is clear and adapted to the patient's level of understanding and need. Additionally, learning outcomes about the appropriate approach to disclosing adverse events and effectively managing emotionally-charged communications and conflicts were added. Where cultural and language issues arise, the need for aids to ensure communication barriers are overcome has been reinforced.

Workplace-based formative assessments are a critical component of the ongoing assessment of registrars throughout their training. The Mini Clinical Evaluation Exercise (Mini-CEX), the Direct Observation of Procedural Skills (DOPS) and Case-based Discussion (CbD) all ensure the registrar gains adequate specialist knowledge and procedural skills during their training. These assessments also ensure that the registrar has competent planning and management strategies in place when keeping with their level of training **(Appendicies 5.2.3 A, B, C)**.

The benefit of these formative assessments is the opportunity for the registrar to learn from their encounters by receiving feedback from the supervisor, thus enabling improvement and in some cases, reassurance. Three formative assessments are required every training period (i.e. every six months) until 27 assessments have been completed throughout the four years of training (12 Mini-CEX, 12 CBD and 5 DOPS). The assessment forms have specific items covering competency in regard to communication with patients and others, and diagnostic, clinical, management and procedural skills. The Clinical Training Supervisor discusses this feedback with the registrar immediately following the assessment. Consistently poor performance is discussed further at the end of training period meetings with the registrar and Zone Training Coordinator. Then a plan for remediation is developed with the trainee. Thus, when the training is complete, the Registrar exhibits proficiency in all areas and can provide safe patient care.

The challenges of ensuring that each registrar has the opportunity to build on their communication and clinical skills during the training program are documented below:

- Ensuring that the CTS 6 month reviews are completed in a consistent manner between CTS. Currently, the registrar is assessed on their performance for their level of training. There are significant inter-rater differences and their thoughts about what a registrar in a particular year should be achieving. Our plan moving forward is to rate each registrar, despite their year of training, on how they are performing compared to a competent specialist SEM Physician. In this way, the registrar should gradually progress through their training with improved scores until achieving full competency by the time they reach Fellowship status **(Appendix 3.2.3)**.
- The skill level of CTS in these areas is variable. The four-year training program requires registrars to have a number of CTS and CTI giving them feedback to ensure greater exposure to different approaches.
- Registrars training in rural/remote settings may not have the imaging, specialist backup and/or facilities available to those training in the metropolitan areas. The requirement to train at varying locations is designed to reduce the effect of this issue.
- Standardisation of training across geographical areas. This is improved by the online educational modules, and the increased use of internet-based education and web conference tutorial sessions provided for registrars who are geographically isolated.

3.2.4 The Curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-oriented care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision making.

As referred to in the previous standard, the 2016 review of the Curriculum amended the focus of learning outcomes to patient-centred and goal-oriented care, with modifications based on the CanMEDs 2015 framework. In Section 2 - Clinical Decision Making, outcomes refer to establishing goals of care and effective management plans, that include the follow-up phase of care, with patients and other relevant stakeholders.

A graduate outcome of the program was also added specifically to reflect amendments within the Curriculum.

> *Provide patient-centred care, demonstrating effective communication skills, professionalism and cultural awareness.*

Section 3 – Fundamental Competencies: the focus has also been adjusted to ensure that trainees are aware of their intrinsic bias and values, and how these and the perspectives of others may impact a patient's care. Outcomes have been modified to ensure registrars adopt a patient-centred interviewing technique along with effective listening skills.

Patient-centred, goal-oriented care is fundamental to Sport and Exercise Medicine practice. When dealing with individual athletes or team-based athletes, the physician must take into account the athlete's pressures and demands, their competition schedule and personal situation to devise an effective treatment and goal-oriented rehabilitation program with the patient. This approach carries over to the patients an SEM Physician may see in their clinic for rehabilitation or exercise prescription.

Communication remains a key focus of the ACSEP Curriculum. By the end of their training, registrars should be able to clearly, professionally and accurately share information with patients and their families, while ensuring they can make informed health decisions based on the discussions. There is further emphasis on ensuring this information is imparted in a culturally-safe, compassionate and respectful manner. Outcomes have been added to reflect the changing nature of communication, particularly the electronic health record and other forms of digital communication. More specifically, electronic communication and social media must be used in a safe, professional and legal manner, to protect privacy and confidentiality.

SEM special groups have particular medical, social and psychological concerns, and these areas are covered in the sections on Physical Activity and Special groups. While these sections were well developed in the original curriculum, further outcomes regarding mental health have been added to acknowledge this important aspect of patient care.

The addition of a standalone Cultural Awareness and Safety section in Fundamental Competencies recognises the importance of advancing health and wellbeing for all individuals, no matter their background, values or beliefs. This is done through patient-centred, culturally-sensitive and goal-oriented care.

Within the Fundamental Competencies, advocating for the patients' and communities' health and wellbeing is an important focus. Advocating for an individual patient's health is demonstrated when the registrar must take on the role of team doctor and complete team coverage requirements. As the team doctor, the registrar must work with the patient and other relevant stakeholders (e.g. coach, trainer, physiotherapist) to devise an achievable, goal-oriented treatment and rehabilitation plan. The plan should allow the athlete to play a role in decision making, and aim to ultimately return them to their team and the competition in a safe and appropriate way. In some circumstances, the registrar must protect the player from the interests of management who want the player to return to the team earlier than is in the patient's interests (and sometimes protect the player him/herself). The registrar is also advancing the wellbeing and performance of the team by ensuring that further injury to this player does not occur. By gradually changing the culture in clubs through education and appropriate medical and injury management of specific and common conditions, registrars can have a positive, long-lasting and effective community influence **(Appendix 5.2.1)**.

In exercise prescription, it is important that the treating doctor asks the patient what types of exercise they enjoy, how they like to perform them (e.g. in groups, classes, alone) and their barriers to exercising. Injury rehabilitation planning is performed in a similar way. Hence, the registrar is trained to develop an exercise plan with the patient that is achievable, enjoyable and will ultimately give the patient the best outcome. This shared clinical responsibility and goal-oriented care is central to the role of an SEM Physician.

Feedback of the registrars performance in this area of safe, goal-oriented care is provided from Team Managers and Supervising Medical Officers via a Team and Event form, which is submitted to the supervisor for review.

The role of the SEM Physician as a health advocate for communities is emphasised in health, nutrition and exercise prescription for chronic diseases such as Obesity, Metabolic Syndrome and Osteoarthritis. Registrars are expected to work collaboratively with other agencies, such as sporting club and team management, event organisers and allied health professional organisations(e.g. Sports Trainers Courses run by Sports Medicine Australia) to improve the health of our communities. They are also expected to identify opportunities for promoting health, along with disease and injury prevention in communities of high need.

One of the strengths of the ACSEP Training Program is our access to, and close association with, a range of sporting clubs, from grass roots community clubs to the elite level clubs. This allows our fellows and registrars to advocate on behalf of patients and communities, and educate members of the public via appropriate health promotion and lifestyle modifications. This makes the practitioner more accessible to the community, emphasising the importance of the shared role of the doctor/patient in clinical decision making and treatment.

The challenges of registrars achieving the objectives of patient-centred, goal-oriented care include whether their current CTS has the understanding and skill in this area. Workshops at national conferences and planned online educational modules in the future are aimed at addressing these issues by providing continual professional development opportunities for our supervisors.

3.2.5 The Curriculum prepares specialists for their ongoing roles as professionals and leaders.

The ACSEP Training Program, underpinned by the Curriculum, has a strong emphasis on professionalism and leadership. The Fundamental Competencies have consistently espoused the need for professionalism and leadership since the inception of the 2013 Curriculum. But following the 2016 review, Leadership was added to the heading "Leadership and Management", and the learning outcomes were more clearly articulated. Changes based on CanMEDs 2015 emphasise leadership competencies, proficiency in resource allocation, patient safety and the provision of high-quality care. Outcomes were added in the area of social media and healthcare information services, as well as those covering adverse outcomes, conflict resolution and patient safety standards.

The SEM Physician role as a professional within the ACSEP Curriculum was further strengthened by adding an emphasis on physician health and wellbeing, (particularly in the mental health area). Balancing personal and professional demands and promoting a culture that recognises, supports and effectively responds to colleagues in need were also emphasised. Outcomes throughout the Curriculum were modified in the 2017 version to ensure the focus is on patient-centred care and the physician's commitment to the patient, society and the profession. The characteristics of honesty, integrity, compassion and respect continue to be highlighted as the attributes of an SEM Physician.

At the recent 2018 National ACSEP Conference in the Gold Coast, an interactive workshop facilitated by Professor Moira Sim explored positive workplace culture and behaviours, effective feedback, and work/life balance, strategies and barriers. It also included a section on recognising mental health issues, good illness behaviours and mental health literacy. All these aspects of behaviour are vital to a well-functioning professional SEM Physician.

SEM Physicians are expected to lead the medical team in a sporting team/club organisation, and take leadership roles in many areas. Some of these areas include anti-doping education and regulation, injury prevention education and application, and assisting in implementing changes in healthcare teams at community and government levels. For example, the Exercise as Medicine realm recognises exercise as a means of reducing morbidity and mortality. It also sees cooperative work as occasionally offering more benefit than traditional interventions. Therefore in this realm, SEM Physicians are taking an increasingly more public role in terms of promoting the benefit of exercise for prevention and treatment at individual, community and government levels through:

- Lectures to allied health professionals and other medical practitioners
- Membership in community and government committees
- University-based teaching

Injury prevention education can reduce the use of vital resources by decreasing injury rates. The Curriculum offers specific learning outcomes to guide the registrar in all of these areas. Suggestions in the teaching and learning resources sections that help registrars gain experience and knowledge in leadership are available, and online modules that support the Curriculum provide the learner with more further resources. Registrars perform the Assistant Team Doctor role in contact sports during training, where they provide leadership to the medical team under the supervision of a Medical Supervisor. In this role, they have the opportunity to demonstrate leadership and professionalism through open and respectful communication, education and safe, goal-oriented patient care for members of the sporting team/club.

As a requirement of the training program, registrars are also expected to manage a large sporting event from the medical and safety perspective, which gives them the opportunity to demonstrate leadership and gain important management skills. Leadership training and experience are also acquired when undertaking other event medical coverage and travelling with teams. Registrars are encouraged to provide leadership at the patient, community and sporting organisation level. They often provide education on the health benefits of exercise, anti-doping, role modelling and other relevant areas.

As professionals, registrars are encouraged to ensure they are aware of their limitations and practice within their defined

scope of practice. They are assessed via WBAs in their ability to deliver competent, empathetic and compassionate patient-centred care and manage adverse outcomes professionally and appropriately. The Clinical Training Supervisor online modules also train supervisors to deal with difficult situations regarding a registrar's training.

During the four years of training, registrars work with a variety of supervisors in a range of practices. Over this time, it is expected that they will be exposed to issues in managing a practice and employees, and how they can be addressed. The CTS should discuss these issues practically with the registrar to aid their development.

During training, registrars are expected to lecture a wide range of stakeholders, including allied health professionals (e.g. sports trainers and level 1 and 2 sports physiotherapy courses) and other medical professionals. They will cover areas of injury management and prevention, health promotion, health protection and disease prevention via a healthy lifestyle including exercise prescription. This leadership role also extends to lecturing and educating the broader community at sporting team, club and community levels, and researching and publishing in areas requiring further knowledge and skill. These experiences all provide opportunities in leadership and professionalism during SEM training.

The ACSEP Training Program is particularly strong in terms of its relationship with clubs and the community. The challenge remains to move our specialised skills and expertise into the public hospital system, where our fellows and registrars can show leadership in areas regarding the benefits of exercise for the treatment and prevention of chronic disease and the non-surgical management of injuries.

There are many Fellows currently involved at the government level, particularly in advisory and regulatory roles for anti-doping. Many Fellows are Chief Medical Officers of national sporting organisations and are involved in the medical and anti-doping domains of international sporting organisations such as the World Anti-Doping Association. As registrars progress through training, they are able to work with these Fellows. Ultimately many of these registrars will take over these important leadership roles in sports medicine. Registrars are also involved in providing medical care to athletes at the Commonwealth Games in the Gold Coast this year, once again giving them the opportunity to display leadership and professionalism under the supervision of a number of SEM Physicians. Our small size and the accessibility of the Fellows providing these services nationally and internationally are strengths of the ACSEP Training Program.

The 2018 Annual Scientific Conference included a question and answer session from a range of officeholders. Discussions focussed on professional behaviours, ethics, standards of practice, mandatory reporting and responses to unprofessional and unethical behaviours.

The ACSEP recently published Reconciliation Action Plan which demonstrates leadership in the health and education of Indigenous Australian people. It will give registrars the opportunity to work with and lead these communities through educating health professionals and treating relevant patients (particularly in the exercise prescription area).

ACSEP has also convened a number of working groups over the last 18 months, designed to provide leadership for the medical and wider community in a number of specialist areas. The Exercise as Medicine Working Group is building a body of knowledge relating to this area to ensure excellent registrar training and cement our role as medical leaders. In 2017, a working group consisting of ACSEP Fellows reviewed the ACSEP Position Statement relating to the **Pre-participation Cardiac Evaluation in Young Athletes** **(Appendix 3.2.5)**. This was done to ensure that it is up-to-date and relevant to the regional needs of Australia and New Zealand, and their Indigenous populations. Similarly, working groups of ACSEP Fellows and independent experts reviewed the College's Position Statements on Supplements in Sport and the Place of Mesenchymal Stem/Stromal Cell Therapies in Sport and Exercise Medicine. In 2018, The Youth Sub-specialisation in Sport Working Group are convening to develop a Position Statement that helps children, parents, coaches and practitioners on determine the amount of training children should have throughout their childhood and adolescence. This is done to optimise participation and performance, while minimising the risk of physical and mental health issues.

The strengths of the ACSEP Training Program in this realm are many, as we have a large group of enthusiastic Fellows who are all involved in activities that demonstrate leadership and professionalism to the medical and general community. The registrars not only have the chance to observe these role models, but are also given many opportunities to be involved and practice and embed these characteristics.

The challenges involve ensuring that all registrars are given an equal chance to experience the opportunities offered, which may be difficult due to geographical, financial, professional and personal factors. Therefore, the rotation of registrars during training practices is vital. We also need to ensure that the updates and refinements to Professionalism

and Leadership and Management are distributed to the entire College membership, as not all members are able to attend every conference. These areas and refinements include articulating the importance of facilitating change in healthcare, in order to:

- Enhance services and outcomes
- Contribute to strategies that improve the value of healthcare delivery
- Understand the appropriate behaviours in technology-enabled communication
- Recognise and manage personal wellbeing and mental health issues

As such, a mental health module was added in 2016 to the Mental Health Academic module, and is also available on the learning platform. In 2018, this will be updated to better reflect the demand for supporting colleagues in need, self-awareness and the management of personal wellbeing, mental health and professional performance **(Refer to LMS)**.

3.2.6 The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.

The ACSEP is committed to training SEM Physicians who can provide effective, efficient treatment and deliver safe, high-quality and cost-effective healthcare across a range of settings. This is demonstrated within the Fundamental Competencies, where outcomes express the need for a deep understanding of the structure and function of the healthcare system, and the role of SEM Physicians in this system. By the end of their training, registrars, should be competent in the appropriate allocation of resources for optimal and safe patient care. They should also be able to improve the value of healthcare delivery through their contribution to strategies. The delivery of safe healthcare has been well articulated in sections 3.2.3 and 3.2.4. Outcomes also express the need for contributions to planning relevant elements of healthcare delivery and the facilitation of change in healthcare, to ultimately enhance services and outcomes.

Registrars in New Zealand and Australia are expected to rotate through a number of settings during their training to expose themselves to a variety of healthcare situations, such as different socioeconomic backgrounds, hospital settings (where available), locations and clinics. As a result, they will obtain an understanding of the issues associated with providing healthcare in diverse situations. CTS in different clinics act as role models in promoting health and injury prevention, and influencing other healthcare professionals, agencies and administrators on behalf their patients and the community.

One example of ACSEP's commitment to improving the delivery and effectiveness of the healthcare system would be the goals of the ACSEP Reconciliation Action plan **(available here)**. In the short term, they aim to increase cultural awareness, competency and safety, and identify the barriers to providing effective healthcare. In the long term, they aim to improve service delivery to Indigenous Australians and lead rural health programs toward providing effective, safe and efficient healthcare. This requires registrars to understand the issues before they can deliver quality care. A similar document regarding the Māori peoples of New Zealand and those of the Pasifika region are currently in development. Registrars have been invited help create both documents **(Appendix 1.6.1 B)**.

The cost of imaging and other interventions in the healthcare system continue to rise and ACSEP is acutely aware of these issues. A particular cost comes from the over-ordering of some imaging by colleagues and allied health professionals. The Clinical Decision Making domain includes outcomes that encompass the abilities to critically appraise and appropriately select investigative methods for clinical situations. The registrar is expected to synthesise the information gained from the patient history, examination and investigations, and use them to generate a goal-oriented, patient-centred management plan. They will develop this plan in collaboration with the patient, and it will provide cost-effective, safe and quality care. They are also expected to develop skills to help them educate other medical and allied health providers on the appropriate use of limited resources.

Within the Team Medical Officer role, the registrar must learn to assess, investigate and treat patients in an efficient and cost-effective way, often with limited resources. The Club/Team Manager or Medical Supervisor will complete feedback

forms noting the registrar's skill in these areas throughout their training. Feedback to the registrar can be provided from the CTS on an ad hoc basis during training or through feedback forms every six months. It can also be provided from the ZTC at the meetings conducted every six months, to allow further development in these areas.

One of the great frustrations and challenges of SEM training is that it is in the sphere of private practice. When it comes to effectively assessing and investigating patients with musculoskeletal injuries that do not require surgery, there is little opportunity to influence, educate and train doctors in the public hospital system. In the realm of Emergency Medicine, input via accurate examinations and diagnoses from SEM Physicians and registrars could possibly save a significant amount of resources. This would open the gateway for investigations and treatments to become more effective and efficient.

The strengths of training in this area are:

- That SEM Physicians have a commitment to practising in a way that ensures the appropriate distribution of resources
- That there are a multitude of opportunities for trainees to take a proactive approach to this aspect of training, in the role of team doctor to a professional or amateur sporting team
- That medical cover of events provides further opportunities to ensure appropriate allocation of resources and contribute to efficient safe healthcare
- That, as the majority of our patients in clinics require an accurate diagnosis, there are daily opportunities to ensure that only patient investigations deemed absolutely necessary are conducted, as the results will influence the management plan

3.2.7 The Curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.

The ACSEP Curriculum emphasises the ongoing need to prepare SEM specialists for teaching and supervisory roles to a range of stakeholders. From the start of their training (and even before), registrars are encouraged to undertake teaching roles in a range of settings. In the Health Advocacy and Scholar sections under Fundamental Competencies, registrars are must identify opportunities to educate and promote the benefits of exercise, injury prevention and health promotion to a range of stakeholders (e.g. sports trainers, physiotherapists and other allied health professionals). They are supported by their Clinical Training Supervisors who provide ideas, contacts and introductions to organisations who want to engage the registrar to lecture and teach. These CTS also provide role modelling, as it is common practice for our Fellows to lecture other medical specialist groups and allied health professionals regularly.

As a requirement of training, registrars must present at three ACSEP conferences. Opportunities to develop presentation skills are incorporated throughout the training program as follows:

- In first year, the registrar must present a 5-minute lecture, which can be an interesting case history or a literature review for their research.
- In second year, the registrar must present a 10-minute talk.
- In third or fourth year, the registrar must present a 15-minute presentation covering the outcome of their research. This presentation can be performed earlier depending on when their research is completed.

Senior registrars are encouraged to assist more junior registrars in accessing information and opportunities to gain high-quality training. This can include referring them to journal articles, suggesting appropriate team and event cover or recommending appropriate specialists from other fields to sit in with. At weekly, collaborative, centre-based tutorials, registrars are often expected to research, create and deliver a short presentation about a topic or case history associated with the tutorial subject area. More senior registrars would be expected to present at a higher standard than more junior trainees. In a similar way, registrars are also expected to present at weekly tutorials located where they train. If there is more than one registrar in any particular location, the senior registrars will take on the role of assisting the learning of the more junior registrars during these tutorials, which are facilitated by the CTS **(Appendix 7.2.1)**.

Within the teaching and learning methods of the ACSEP Curriculum at the end of each subject area or domain, there are

a number of instances where it is suggested the registrars give a lecture on the topic in question as a way to engage in deep learning and educate others.

The ACSEP is a small and supportive college, and Fellows provide many opportunities for registrars to gain experience in lecturing and teaching. The weekly tutorials always involve registrar presentations and interactive involvement from all, in a supportive and safe environment. For many years, registrars have assisted with lecturing in SMA-based Sports Trainers courses and level 1 and 2 Sports Physiotherapist courses. Where possible, registrars will lecture a range of more senior medical colleagues throughout their training, particularly in more rural locations. The Fellows also freely give their time to teach and assess registrars who are training. In doing this, the fellows act as role models, assessing registrars during informal tutorials to prepare them for the clinical examination. These are some of the ACSEP's strengths.

As noted previously, the lack of access of SEM Physicians and registrars allows little opportunity for registrars to be involved in medical student or prevocational teaching. However, there is a small group of ACSEP Fellows (roughly six members) in the major cities, who teach medical students. This gives their registrars exposure to teaching this group of training doctors.

3.2.8 The Curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

ACSEP considers the development and distribution of up-to-date, evidence-based knowledge applicable to SEM, which is vital to the ongoing success of our specialty. Obtaining and critically appraising information, integrating relevant information into clinical practice and understanding evidence-based medicine are all essential skills.

All registrars in the ACSEP Training Program must complete a compulsory Academic module covering Research Methodology. This module is equivalent to approximately three units in university terms. The Research Methodology module must be successfully completed in the first year of training, and it involves coursework and an online, multiple choice exam. The module covers topics on epidemiology, biostatistics, meta-analysis, systematic reviews, the critical appraisal of literature and aspects of evidence-based medicine including levels of evidence. A recent addition to the RM module is a sub-module on "Keeping Up with the Literature". This covers more practical aspects of research, including sourcing information, data sources, storage systems, correct referencing and how to get a paper published.

Registrars from 2016 onwards need to complete, publish and present a research project in an SEM-related area **(Appendix 3.4.4 B)**. To ensure registrars do not fall behind in the process, a specific program for research development has been created. This program requires registrars to achieve certain outcomes during the program, some of which are optional. Acceptable research can include:

- Randomised control trials
- Systematic review
- Cohort studies
- Cross-sectional studies
- Case series or a review article

As part of the requirements for the research program, registrars must:

- Submit a Research Proposal for approval to the ACSEP Research committee
- Conduct research and write a manuscript on the research outcome
- Have their manuscript published in a Medline Indexed Journal
- Present their research at the ACSEP SEM Annual Scientific Conference

Completion of these stages is overseen by the Zone Training Coordinator and the ACSEP Research Committee.

Australian and New Zealand Registrar Research Coordinators have been appointed to assist registrars with their research topic choices and design. These coordinators are chosen because they are respected and experienced researchers themselves.

Registrars who started their training before 2016 are required to complete their research task via the points system for research. This system was in effect from 2012 to 2015. There were a range of options to achieve this requirement, but in essence, registrars need to accumulate 100 points to complete this element of training. There are three options to achieve this:

- **Option A:** Design, authorship and publication of a research project (RCT, prospective cohort study and systematic review) in a tier 1 journal.
- **Option B:** A Master of Research with a component of the work published in a tier 1 or 2 journal, and the registrar recognised as the first author.
- **Option C:** Either through co-authorship of a published paper or a publication of a paper in a tier 1 journal where the study design results in lesser-level evidence (e.g. cross-sectional studies, case series and reports, review articles) and the registrar is recognised as the first author. Conference presentations and clinical reviews of journals also acquire points under this system. Additionally, option C has a number of criteria that must be met. The registrar must have at least one major in paper in their portfolio and achieve the maximum number of points via conference presentations and clinical review options **(Appendix 3.2.8)**.

The research requirement was modified from 2016 as the Research Committee was unable to adequately monitor and assess projects from a large number of registrars. Compared to the option that had been in place before 2012, the committee found that the structure of research made no difference to the number of registrars who were successfully completing the requirement on time. Additionally, the reluctance of tier 1 journals to publish studies with lesser levels of evidence also created issues with the points system.

Completion of this research component is a requirement of training. Credits earned from this component contribute toward the attainment of the FACSEP. The registrar is only allowed to sit the Fellowship examination after they complete the research component.

An award for Best Registrar Research was first presented in 2018. The aim of this award is to recognise excellent research conducted by ACSEP Registrars and encourage the winner to present their research at a domestic or international SEM Conference. This way, they can promote their research and the efforts of the College in supporting it **(Appendices 3.2.9 A and B)**.

The research training via the Academic module and the hands-on research component, which are supported by a strong and enthusiastic committee that has a head office-based research assistant to registrars, are strengths of the ACSEP Training Program. The challenges are to ensure that all registrars are committed to the task, have adequate support and experienced guidance to help them achieve their research objectives and that their research is at a standard appropriate for publishing in a relevant journal level.

3.2.9 The Curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).

- ACSEP has made huge inroads into improving cultural awareness and safety training over the last five years. The relevant section in the Curriculum has been expanded to better reflect the need for a deeper understanding of Aboriginal, Torres Strait Islander, Māori and Pasifika health, history and cultures in Australia, New Zealand and across the Pacific. It is also important to understand how beliefs and cultures may impact interactions between Indigenous peoples and health services. The significance of this area was acknowledged through the addition of cultural awareness and safety as a separate section within the Fundamental Competencies, during the 2016 review.

At the 2017 ACSEP National Conference, a cultural awareness and safety lecture was presented by Dr Kali Hayward from the Australian Indigenous Doctors Association (AIDA). This lecture is available to view on the LMS online educational platform. In 2018, a further presentation from Dr Shannon Springer was also delivered in association with the launch of the ACSEP Reconciliation Action Plan. This presentation will also be available on the educational platform in the near future.

In 2017, the continuing professional development requirements of the College were modified to include two hours of compulsory cultural competency learning per year. This will enable the supervisors of registrars to have a deeper understanding of the medical and psychological issues and barriers to healthcare in these populations, and aid in the training of registrars.

The ACSEP Reconciliation Action plan was launched at the 2018 ACSEP National conference. This plan is a vision that acknowledges the role an SEM Physician can play in improving Aboriginal and Torres Strait Islander health and has been developed over the past 12 months by the ACSEP Reconciliation Action Plan Working Group. This working group involves 3 registrars, 2 Fellows and 3 Administrators who consult with Reconciliation Australia, AIDA, the Recognise campaign and the Australian Human Rights Commission. The plan is a document which will help inform and engage registrars and other members on issues in Indigenous healthcare, such as cultural misunderstanding. This document includes a range of learning outcomes promoting the deeper understanding of the history, culture, beliefs and values of this group of people. The plan aims to, along with other goals, promote opportunities for registrars to be involved in Aboriginal and Torres Strait Islander healthcare and service delivery. ACSEP is committed to encouraging Indigenous and Māori doctors to train in Sport and Exercise Medicine. That is why in 2017, ACSEP set up a scholarship which provides financial assistance for one prevocational doctor to attend the ACSEP Annual Scientific Conference.

The ACSEP Training Committee and Executive have explored opportunities for registrars to sit in with Indigenous doctors, their patients and other SEM Physicians skilled in the care of Indigenous patients.

ACSEP believes that cultural awareness and safety are essential to the skills, knowledge and experience required of a SEM Physician. We acknowledge that a disproportionately higher number of members in various football codes and other sports (e.g. netball) throughout Australia and New Zealand belong to these Indigenous groups. The proficiencies in the Curriculum underpin the delivery of acceptable, accessible and appropriate care to these groups, and are considered part of trainee assessments and the ongoing education of Fellows. At this stage, there is no specific requirement for assessment in this area, however it is likely during the Curriculum Review in 2019, a requirement will be added. This requirement will entail one CbD being performed on a patient with an Aboriginal, Torres Strait Islander or Māori background where possible during their training.

As a requirement of the team coverage and team travel requirements, the registrar is expected to obtain a report from the Team Manager regarding their performance. Specific questions regarding patient care, communication, professionalism and behaviour are presented. If there are issues raised, particularly in the area of cultural awareness, the registrar is counselled at the STC meeting held every six months, and follow-up intervention is organised if required.

Over the next 12-18 months, ACSEP also plans to:

- Develop a Cultural Competency online learning module to sit on the educational LMS
- Develop Māori and Pasifika action plans, with a working party currently being convened
- Convene the newly created Indigenous Health Working Group, which will provide leadership within the College on Aboriginal, Torres Strait Islander, Māori and Pasifika Health

3.2.10 The Curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

The ACSEP Curriculum specifically contains outcomes outlining the need for registrars to exhibit self-awareness regarding their own values, bias and perspectives, and to recognise those in patients, physicians and others. These characteristics may affect the patient-doctor relationship and the approach to the patient may need to be adjusted. In determining

these values, bias and beliefs in others, registrars will need to respond to verbal and non-verbal communication and adapt to the situation in each encounter. The ability to respond to culturally diverse patients and provide each of these with a satisfactory medical experience is recognised as vital in the Curriculum's framework. registrars are expected to carry out every consultation in a culturally sensitive style.

The team coverage and travelling with a team requirements enable registrars to be exposed to athletes from culturally diverse backgrounds. It also requires the team doctor to treat each athlete as an individual and be respectful of their background and culture. Certain sports (e.g. NRL, weightlifting, soccer, martial art) tend to have a predominance of athletes from a particular background, or at least an over-representation of athletes from a particular background. Additionally, patient consultation time over the four-year period, with supervision from CTS and CTI, expose registrars to a wide variety of patients from culturally-diverse backgrounds. Registrars rotate through a number of teaching settings in the four-year training program.

The Mini-CEX and CBD in particular, are formative assessments that require registrars to select patients of different genders, ages, and cultural backgrounds for these assessments. The CTS provides feedback regarding a variety of aspects of the consultation, including the cultural sensitivity and appropriateness that was exhibited during the consultation **(Appendices 5.2.3 A and B)**.

The CTS in ACSEP are trained to give this type of feedback in the compulsory CTS Training online modules. Managers in sporting teams and at sporting events are also required to complete a report on the registrar's performance, including comments and questions on the registrar's ability to communicate effectively with a range of patients, colleagues and staff. They will also evaluate the registrar's professionalism and collaborative efforts. Any issues raised are dealt with by the Zone Training Coordinator at meetings held every six months. If required, advice is given or the registrar liaises with the CTS for remediation and further learning.

The Indigenous Health Working Group will develop guidelines and policies to assist registrars and fellows in the College to manage these encounters appropriately, recognising how the perspectives of patients, other physicians and themselves may have an impact on the quality of patient care. The Education Committee, overseeing the Indigenous Working Group, is also considering adding diversity to this working group, to consider the cultural needs of migrants and refugees.

As noted above, lectures at national conferences and the RAP all offer advice and information on recognising the interaction between culture and health in the Indigenous population. The Curriculum expands on this to include other cultures and the physician's own values and beliefs. ACSEP has made great strides in cultural awareness and understanding of the interplay between health and culture since the last AMC assessment.

When addressing each of the standards, please include the following:

- **Indicate how the education provider aligns the Curriculum's content with the specialist medical program and graduate outcomes, including the tools and processes to evaluate this alignment. Comment on the most recent review/evaluation, any outcomes that are not met and discuss plans to address them [3.2.1].**

These issues are addressed above for each of the standards. Other than the Part 2 examinations and requirements for admittance to the Fellowship, there is no formal evaluation of whether trainees are actually graduating with the knowledge and skills required.

The curriculum review process and feedback from fellows and registrars in their annual feedback surveys help to identify areas of deficiency and potential improvement in the Curriculum.

ACSEP accepts that this process will require further dev from the community on its expectations of SEM Physicians. elopment and enhancement in future years, perhaps with input.

- **Indicate how the Curriculum content addressed in standards 3.2.1 to 3.2.10 is addressed in the specialist medical programs. [3.2.1-3.2.10]**

See answers provided above for each of the standards

- **Identify relevant strengths and challenges in relation to the structure or design of the program, plans for development and the processes for addressing the challenges, with examples.**

This is included in the answers above for each of the standards.

3.3 Continuum of training, education and practice

Accreditation standards

3.3.1 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.

3.3.2 The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.

Applicants are required to acquire three years of general medical and surgical experience after graduating from their undergraduate medical degree **(Appendix 3.3.1 D)**. At least two of these three years must have been in full-time, supervised positions within recognised teaching hospitals such as:

- General medical unit
- Accident and Emergency Unit
- An orthopaedic service dealing mainly in sports medicine related orthopaedics or trauma.

These positions are recommended since they overlap with areas that are highly relevant to the ACSEP Curriculum's content.

It is highly recommended that applicants demonstrate a commitment to a career in sports medicine. This could be in the form of team or event medical coverage (ideally with an ACSEP Fellow), attendance at conferences or tutorials, completion of sports medicine courses or research involvement.

The above represents the extent to which ACSEP influences the medical training of junior doctors before they apply to join the training program.

Additionally, the Part 1 Entrance Examination must be successfully completed to ensure applicants have adequate knowledge of basic sciences before starting the ACSEP Training Program.

The Part 1 Entrance Examination consists of two written papers held on the same day, and each paper has 100 multiple choice questions.

- Paper 1 consists of anatomy questions with an emphasis on functional and musculoskeletal anatomy.
- Paper 2 consists of physiology, pathology and immunology questions with an emphasis on the physiology of exercise and the pathology of injury.

The training program curriculum then builds on this baseline knowledge, articulating learning outcomes which are expected to be achieved across the program while working in accredited training positions.

ACSEP practices mainly in the private sphere. SEM Physicians have little exposure to the public hospital system and therefore, little opportunity to influence pre-vocational training of junior doctors. ACSEP ensures it has a presence at the

Australian Medical Student's Association (AMSA) Conference and endeavours to access junior doctors to demonstrate the benefits and opportunities of a career in Sport and Exercise Medicine.

The President of ACSEP sits on the CPMC in Australia, and our New Zealand Board representative sits on the CMC in New Zealand. This allows the ACSEP to have some influence on medical training. The ACSEP has contacted Mellick Shehade, convener of the Undergraduate Musculoskeletal Curriculum Working Group, and requested to be involved in this committee. ACSEP has recently convened the Undergraduate SEM Curriculum Working Group with the aim of influencing university medical schools to increase the exposure of medical students to SEM, given the importance of exercise as a treatment for chronic lifestyle disease and appropriate injury treatment and prevention **(Appendix 3.3.1 B)**.

3.3.2 The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

Recognition of prior learning is allowed for the Management of Sports Trauma (MOST) course, Academic modules and the ACSEP Research Project **(Appendix 3.3.2)**.

ACSEP Research Project

External research conducted before/during the training program may be considered towards the ACSEP Training Program's research requirements. Such research must be relevant to Sport and Exercise Medicine, published in a Medline Indexed journal and completed no more than three years before entering the training program.

Presentation at a scientific conference is still required even if a registrar has previously presented at a scientific conference.

MOST course

In 2015, ACSEP developed its own Management of Sports Trauma course with the assistance of Emergency Medicine expert Dr Hugh Grantham. Since then, ACSEP has encouraged its members, particularly first year registrars, to complete the course in their first year of training. However, members can decide to complete other external courses such as EMST or Rugby Emergency courses for which they can receive RPL.

Academic modules

Prior to ACSEP having its own suite of Academic modules, registrars were required to complete module requirements through other institutions. While the College does promote ACSEP modules over the modules of other institutions, the Training Committee will approve previously accredited modules from other providers.

If a registrar has completed these task equivalents in a previous training program, they are asked to submit a request to the Training Committee and Research Committee. The request is reviewed and potentially approved, based on the information provided.

There are clear criteria which RPL requests need to meet, such as the nature of their prior learning and the duration between its completion and entry into the ACSEP Training Program.
These are clearly articulated in the training manual. The College currently has a draft policy which is in the review stage.

- **Describe how the education provider is informed about the requirements of previous stages of medical training. Summarise any changes to the specialist medical program made as a result of such feedback. Comment on the capacity to influence earlier stages of medical training [3.3.1].**

Currently, ACSEP is informed about the requirements of previous stages of medical training through the Medical Deans of Australia and New Zealand for medical students, and the Confederation of Postgraduate Medical Education Councils for prevocational education and training. Given the issues identified by the Commonwealth Chief Medical Officer around CV buffing by specialist medical college applicants and the increasing number of medical graduates with workforce

maldistribution issues, the College has:

- Developed the Workforce Planning Working Group to assist with future intake of trainees to meet the needs of the community
- Recently amended its Interview and Selection Policy **(Appendix 3.3.1 A).**
- Convened the Undergraduate SEM Curriculum Working Group consisting of fellows, registrars and members of the Sport and Exercise Medical Students Association (SEMSA). This was done to explore methods of introducing Sport and Exercise Medicine to the undergraduate curriculum and better prepare medical graduates for the needs of the community in the twenty-first century – with an emphasis on the role of regular physical activity in chronic disease treatment and prevention.

We will also ask these external stakeholders for feedback in our 2019 Curriculum Review to ensure the Curriculum aligns with the demands of the community and emerging medical workforce i.e. more of a focus on regional, rural, remote and Indigenous communities and the management of obesity.

- **For each training program, provide a table which shows for the last three years the number of trainees who have sought recognition of prior learning, the number granted it and the number rejected. [3.3.2]**

	# Applications received	*# Applications granted*	*# Applications rejected*
2015	22	21	1
2016	9	9	
2017	5	4	1

3.4 Structure of the curriculum

Accreditation standards

3.4.1 The Curriculum articulates what is expected of trainees at each stage of the specialist medical program.

3.4.2 The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

3.4.3 The specialist medical program allows for part-time, interrupted and other flexible forms of training.

3.4.4 The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4.1 The Curriculum articulates what is expected of trainees at each stage of the specialist medical program.

The ACSEP Curriculum clearly states which stage of training registrars should have a competence in the various domains and subject areas.

The table below provides a guide on when trainees are expected to achieve learning outcomes, however ACSEP acknowledges that the achievement of individual learning outcomes is highly dependent on exposure to clinical work in any particular rotation.

Curriculum Domain	*Expected year of achievement*
Injury Illness and Prevention	First year

Injury Assessment, Management and Rehabilitation	Second year
Internal Medicine as it relates to Physical Ability	Second to fourth year
Physical Activity in Specific Populations	First year

Some aspects of each domain will be achieved early in the training program, and then knowledge and skills further consolidated throughout.

The training program also has a number of other training requirements to guide registrars in achieving the outcomes of the Curriculum's framework. These include:

	REQUIREMENTS	YEAR 1	YEAR 2	YEAR 3	YEAR 4 (Ideally Exit Exam Year)	YEAR 5+ (If have not yet passed Exit Exam)
CLINICAL	Placement Forms	1 Nov the year Prior	1 Nov the year Prior	1 Nov the year Prior	1 Nov the year Prior	1 Nov the year Prior
	Annual Training Plan & Timetable	November year prior	November year prior	November year prior	November year prior	November year prior
	Training Diary & Log of Procedural Skills	At the end of each training period	At the end of each training period	At the end of each training period	At the end of each training period	At the end of each training period
	CTS Six Month Review					
	CTI Six Month Review					
	ZTC Six Month Review					
WORK BASED ASSESSMENT	Mini-CEX	At least three WBAs per training period	At least three WBAs per training period	At least three WBAs per training period	At least three WBAs per training period	Three during the year
	DOPS					
	CbD			NA Three during the year		
TEAMS & EVENTS	Category one: Major Event Coverage	Complete at any time during first to fourth year				As required
	Category two: Collision/ Contact Sport Team Coverage					
	Category three: Team or Event Coverage for Elite Athletes					
	Category four: Travelling with a Team	NA	Complete between second to fourth year			
	Category five: Minor Event Coverage	Complete at any time during first to fourth year				
TUTORIALS	College Tutorials	44 x weekly	44 x weekly	44 x weekly	44 x weekly	44 x weekly
	Guest Tutorials	Voluntary attendance highly recommended				
E-LEARNING MODULES	Academic Module: Research Methodology	Complete in first year	NA			
	Academic Module: Sports Psychology	Complete in any order				As required
	Academic Module: Sports Pharmacology					
	Academic Module: Biomechanics	At least one Academic module to be completed per year (ideally within the first three years) during the training program				
	Academic Module: Sports Nutrition					
	Educational Modules	Complete as desired				
RESEARCH	Research Proposal	1 Mon July	NA			
	Conduct Research	Complete ideally by end of first year	NA			
	Write Research and submit for publication	Complete ideally by end of second year		NA		
	Journal Publication	Have published in journal before the Fellowship exam			As required	
	Conference Attendance	February	Attend two Conferences within the remaining three years.			Attend at least one conference every two years
	Presentation: Registrar Conference	YES	YES	NA	NA	As required
	Presentation: Scientific Conference	Presentation of final research project can occur any time during the training program				As required

REQUIREMENTS		YEAR 1	YEAR 2	YEAR 3	YEAR 4 (Ideally Exit Exam Year)	YEAR 5+ (If have not yet passed Exit Exam)
EXTRA CURRICULA	Most Course	Complete every three years				
	Own Learning	Complete as desired				
FELLOWSHIP EXAM	Written Exam	NA			June	As Required
	Clinical Exam				October	

Training is required to occur in a number of settings. The majority of time is spent in a clinic environment, consulting with patients of all ages, athletic abilities, medical co-morbidities and gender. Trainees must spend a maximum of two years at any practice and are expected to move between practices that have patients of different socioeconomic and cultural backgrounds and athletic activities.

All trainees must complete the core four-year training program, supported by the online educational platform. At present, this contains the 5 compulsory Academic modules, 35 one-hour, interactive e-modules (Internal Medicine, Environmental Medicine, Sports Specific modules, Team Care modules, and Special Group modules), 7 examination videos with a further 7 in production at present. There are also 4 Clinical Supervisor Training modules and 4 Examiner Training modules to support supervisors and examiners. At this point there are no elective courses, but trainees are encouraged to follow desired paths of sub-specialisation after joining the Fellowship **(Refer to LMS)**.

3.4.2 The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

Trainees can complete the ACSEP Training Program in four years, which is considered the optimal duration to achieve the graduate outcomes. However, it is very common for registrars to take one or two years longer in order to successfully achieve the outcomes. There are various reasons, which include family commitments, illness and personal issues, which may result in registrars taking longer to achieve the learning outcomes of the Curriculum and/or training program.

During the training program, trainees are expected to meet the requirements of training at the end of each training period in terms of workplace-based assessments, supervisor reports and team cover feedback forms – even if they continue beyond the four-year period. Trainees can also complete the training program in a part-time or interrupted manner for personal, illness or family-related reasons.

3.4.3 The specialist medical program allows for part-time, interrupted and other flexible forms of training.

ACSEP's specialist training program allows registrars to apply for part-time or interrupted training. Trainees are encouraged to consider part-time training to balance with family commitments.

If a registrar wishes to complete training part time, they must first discuss their options with their supervisor. If the registrar is requesting to work part time in the middle of the year, this will need to be negotiated with their supervisor/employer. If it is in between training years, the registrar can speak with clinics about part-time positions. Once employment has been confirmed, the registrar must then apply to the College for final approval. There are no significant barriers for registrars who wish to work part time.

The policies in relation to such applications are clearly articulated in the attached program policy **(Appendix 3.4.3)**. Part-time training must be completed at a minimum of 0.5 FTE. Registrars who are permitted part-time or interrupted training must complete all requirements for the Fellowship within 10 years of commencing the training program.

3.4.4 The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Registrars are encouraged to pursue studies that contribute toward the Fellowship training requirements. For instance, some registrars have pursued athlete care experiences in high altitude environments by acting as medical officers for mountaineering expeditions. All study applications must be submitted to the Training Committee and are considered on their merits.

When addressing each of the standards, please include the following for each specialist medical program offered:

- **Provide a concise description of the program structure and duration including, if relevant, individual program components and core and elective components. The response should address:**
    - *When the last major review of the program was conducted and how the program has evolved since then*
        - The last major review of the Curriculum and associated documents was in 2016 as noted above, with the launch of the document in 2017. The training program was fully reviewed in 2015, and the training manual was rewritten and reformatted in 2017. The tutorial program will be further clarified this year, before another full review of the program and the Curriculum is conducted in 2019.
        - ACSEP acknowledges that a review of the training program must be undertaken. This will commence at the same time as the 2019 Curriculum Review.
    - *changes or plans for change in the program in response to external developments such as new service delivery or care models*
        - ACSEP is currently exploring the potential to expand into the public hospital system with NSW Health currently requesting feedback on the ACSEP Specialist Scope of Clinical Practice submission **(Appendix 3.4.4 A)**, which is due by the end of March 2018. Hopefully, this will form a blueprint for increased specialist SEM services in the public sector, which may provide further training opportunities for ACSEP Registrars.
    - *describe any procedural or other specific skill requirements and how the education provider has determined the need for these requirements*
        - Musculoskeletal (MSK) physical examination capability represents a core skillset that a registrar must develop during the training program. The breadth of this skillset is evident in Unit 1 of the ACSEP Curriculum. MSK examination techniques are taught and assessed throughout the training program, in settings ranging from the registrar's daily clinical practice and Fellow-lead tutorials to Mini-CEX evaluations and the Fellowship Clinical Examination **(Appendix 5.2.3 A)**.

          Direct Observation of Procedural Skills (DOPS) is a tool used to evaluate the registrar's competence in performing interventional procedures in the workplace **(Appendix 5.2.3 B)**.

          Four specific procedural skills must be performed by every registrar in a DOPS setting during the training program:

            - DOPS-1: Subacromial space injection
            - DOPS-2: Acromioclavicular joint injection
            - DOPS-3: Knee joint injection/aspiration
            - DOPS-4: Ankle joint injection

          A fifth DOPS must be completed during the training program and can be selected from:

- DOPS-5: Ultrasound guided injection
- DOPS-6: Posterior ankle impingement injection
- DOPS-7: Elbow joint injection
- DOPS-8: Wrist injection
- DOPS-9: Finger/thumb injection
- DOPS-10: First MTP joint injection
- DOPS-11: Sinus tarsi injection

The remainder of the DOPS listed in DOPS 5-11 that are not performed by the registrar in a DOPS assessment setting must be observed by the registrar during the training program and recorded in the training logbook.

The specific DOPS requirements were determined by the ACSEP Training Committee during the introduction of WBA into the training program (dates), and have been reviewed periodically since then. DOPS 1-4 are core skills that SEM Physicians perform frequently. DOPS 5-11 are not universally performed by SEM Physicians, but observation of these interventions by the registrar is deemed important and achievable.

- *The comparison between the education provider's educational and training requirements and those of other organisations that provide training in these disciplines. These include local programs and programs in other countries with health systems similar to those of Australia and New Zealand [3.4.1].*
  - ACSEP has not compared its educational or training requirements against those of other organisations that provide training in specialist SEM. ACSEP would welcome such an opportunity, but as the Curriculum and Training Program are of the highest standards and not entirely replicated elsewhere internationally, it would be difficult to benchmark them against a specialist SEM college anywhere else. Similar, but not as comprehensive SEM curriculums exist in the Netherlands (VSG) and the UK (FSEM). Most other countries offer SEM training as a Diploma or Masters in addition to their primary care training.

- *Describe how the education provider communicates to trainees, fellows and supervisors the relevant learning outcomes or objectives at each stage of the specialist medical program. [3.4.1]*
  - The ACSEP website plays a pivotal role in our communications. The site now contains a vast array of resources in the forms of educational lectures and tutorials, and mandatory Academic modules which registrars must complete (and to which members of the TC have open access). The ACSEP calendar, tutorial program, training program forms and Clinical Training Supervisor modules are all hosted on the site.
  - ZTCs are able to view the website activities of the registrars under their jurisdiction. They can track their progress with respect to online learning modules, and also confirm that CTS forms and reporting requirements relating to event and team coverage are complied with.
  - The Training Committee has one face-to-face meeting and five teleconferences every year. These meetings are key for communication among TC members and interaction with National Office staff involved in registrar training. A registrar representative sits on the TC and is a pivotal conduit between the TC and the broader registrar body.
  - The College's National Office publishes an ACSEP newsletter every month. The Chair of Training is a regular contributor to the newsletter and informs the wider College community (all Fellows and Members) on matters relating to training and education **(Website - Members login)**.

- *Explain how the duration of each program is determined and how this relates to the optimal time required to achieve the program and graduate outcomes [3.4.2].*
  - The ASCEP Training Program is designed to be completed in four years of full-time study. This target is achieved by some registrars, but not by all. Historically, completion of the training program research requirement has been the deliverable most often responsible for delayed progress.
  - As detailed above, the ASCEP has policies for part time and interrupted training. In these circumstances,

registrars must complete all requirements for the Fellowship within eight years of starting the program.

- *Indicate the opportunities for part-time and interrupted training and other flexibility in training. Append the relevant policy documents and provide access to application forms. [3.4.3]*

  - **Part-time Training**

    Part-time training is considered on an individual basis and accepted under defined circumstances that include supervision by a Fellow of the College. There must be prospective approval by the Training Committee. The reasons for part-time training including to allow time for research, family commitments, illness and other reasons, must be clearly outlined to and accepted by the Training Committee. Ideally, the first year of the training program should be completed on a full-time basis, but each application will be considered on its merits. Part-time loading of the training program can be approved for a maximum of 12 months. The conditions, structure and duration of such training for up to 12 months will be at the discretion of the Training Committee and must have prospective approval by the Training Committee. Part-time training requests for study durations greater than 12 months must be submitted for approval as a separate request, and will be reviewed/accepted as determined by the Training Committee. This allows the Training Committee and Registrar and Training Coordinator to keep accurate training records. It also provides the College with a clearer picture of the available training vacancies. The minimum for a part-time training commitment is 50% of a full-time training commitment. Registrars can select a part-time study length that falls between 50% and 100% of a full-time study length. The requirements of the Fellowship must be completed within eight years of starting the training program.

  - **Interrupted Training**

    Training may be interrupted for family commitments such as parental leave, illness, deployments with the armed forces and other reasons. Training interruptions require acknowledgement and/or approval by the Training Committee. Leave from the training program can be approved for a maximum of 12 months. The conditions, structure and duration of interrupted training will be at the discretion of the Training Committee and must have prospective approval from the committee. Deferrals greater than 12 months must be submitted for approval as a separate request and will be reviewed/accepted as determined by the Training Committee **(Appendix 3.4.3)**.

- *Indicate the number of trainees that have sought and the number that have been granted part-time or interrupted training in the last three years. [3.4.3]*

	2015	2016	2017
Part time	4	2	3
Interrupted training	1	2	3

- *Indicate the opportunities and rationale for trainees to pursue studies of choice throughout the program. Provide the education provider's procedure for determining if the elective study is acceptable, and the assessment/monitoring procedures regarding the relevance and quality of the elective program. [3.4.4]*

  - The ACSEP provides opportunities for the trainee to pursue studies of choice through a number of avenues. The requirement for the research component provides an opportunity for the trainee to pursue an area of interest under the guidance of a supervisor. While the supervisor provides direction regarding the strength of the research proposal, and the Research Assistant assists with the progress of this, the trainee makes the decision regarding the content. Trainees are encouraged to investigate and pursue projects of interest. The assessment and monitoring of this is undertaken by the Research Supervisor and the Research Assistant. All proposals are thoroughly supported throughout this process, to maximise its chances of being published at the end of the component **(Appendix 3.2.8 and 3.4.4 B).**

    In general, the Training Committee will consider any proposal submitted by a trainee on its merits. For example, two trainees trained in Aspetar (Qatar). There are ACSEP Fellows located there and the research opportunities are excellent. If the Training Committee can determine that there is educational merit which will broaden a trainee's academic exposure, then proposals are considered very seriously and mostly positively.

Additionally, team coverage is an elective within prescribed requirements (i.e. contact sport/team sport/team travel etc.) but suitability is confirmed by the Clinical Training Supervisor and supported by the Zone Training Coordinator. Supervision and monitoring is provided by the team's Chief Medical Officer if required.

The College is also discussing with other colleges such as the RACGPs and ACEM to explore whether a training exchange program could be viable. This will provide further training opportunities for those who are interested and elect to participate in such a program. It also gives more options to trainees who want to deepen their understanding in areas that complement their SEM specialisation.

Standard 4 Teaching and learning

4.1 Teaching and learning approach

4.2 Teaching and learning methods

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Standard 4 Teaching and learning

4.1 Teaching and learning approach

Accreditation standards

4.1.1 The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

When addressing each of the standards, please include the following:

- **Outline the variety of teaching and learning approaches used in the different components of the specialist medical program(s), demonstrating how each is matched to specific curriculum content and outcomes. Summarise briefly any major changes since the last AMC accreditation and their impact as well as any plans for change in the coming period of accreditation and the rationale. [4.1.1]**

ACSEP's specialist training program uses a range of teaching and learning approaches.

Clinic-based teaching

The cornerstone of ACSEP's training program is the robust training and supervision provided in the private practice setting. The ACSEP Fellows who supervise trainees are the foundation of this process. Registrar teaching is mainly performed via a clinic-based supervised training, under the direction of the clinical training supervisor (CTS), who is a Sport and Exercise Physician, and with input from associated clinical training instructors (CTIs). These may be Sport and Exercise Physicians, but can also be from any other medical specialties, such as orthopaedics, general practice or radiology. Clinic-based teaching also includes structured one-on-one weekly tutorials performed with the CTS. The teaching sessions are based on the curriculum framework to ensure the trainees cover all elements of the training program. Formative assessment occurs during the clinic-based training via miniCEX assessments, case-based discussions (CBD) and direct observation of procedural skills (DOPS). At least three of these need to be performed within any six-month training period via the CTS or CTI. The assessment are also important learning experiences for the registrar to ensure the curriculum is covered and gaps in learning are identified and addressed **(Appendices 5.2.3 A - C)**.

Tutorial program

In addition, the trainees are expected to attend a structured weekly tutorial program for four hours per week. The tutorial program is rotated over a two-year period and covers all relevant aspects of the training manual. Presenters are provided with curriculum extracts to guide their session content and ensure their sessions relate to the curriculum **(Appendix 7.2.1)**.

The College website was updated to include the delivery of an online tutorial-based learning platform. This ensures the education material is standardised across the training body – irrespective of state-based differences and trainee tutorial availability. We have also increased our use of online interactive platforms, such as Skype and Zoom, to let remote trainees access weekly tutorial presentations in the bigger centres like Sydney and Melbourne.

The online tutorial program has been aided by funding from both the STP and IRTP programs. These tutorials continue to rollout and be upgraded with the assistance of this funding. This is a significant advancement, especially now with the updated website, since the AMC review in 2014.

Mandatory skills courses

ACSEP has also implemented advanced courses in areas such as management of sports trauma (MOST course) and musculoskeletal ultrasound. The MOST course is an outstanding two-day course that must be completed by all registrars during their training, while fellows must complete the course every three years (or the equivalent as determined by the

CPD Committee). The MOST course teaches registrars and fellows the core skills needed to appropriately assess and manage traumatic sporting injuries. These courses are now offered at our Annual Scientific Conference. The courses have been delivered annually since February 2015, when they were first mentioned in the 2014 AMC Review. These courses cover areas of special knowledge in the curriculum and help trainees achieve the required learning outcomes in the management of acute sporting trauma.

- **Identify other relevant strengths and challenges in relation to teaching and learning, plans for development and the processes for addressing the challenges, with examples.**

There can be challenges in training doctors in the private setting. These include teaching in a private practice setting and ensuring adequate patient variety and case mix for trainees. The online modules aim to address this with case scenarios that expose the registrar to a certain condition and its management, even if they don't come across this problem in the clinical setting. There are also education issues in remote training and challenges with moving trainees away from the city into rural settings. Many of these challenges are directly linked. The provision of both STP and IRTP funding has been pivotal in developing rurally-based training positions that encourage trainees to move to the country. This helps deliver Sport and Exercise Medicine to rural areas and introduces potential fellows to a potential rural practice, which further encourages a 'rural push' from Sport and Exercise Medicine training.

ACSEP is also advocating for Sport and Exercise Medicine services into other areas of need, such as teaching hospitals, emergency departments, indigenous and refugee sports injury clinics. This will allow greater teaching access to patients and wider provision of specialist sports medicine services. Remote training continues to be facilitated by online learning platforms and access to tutorial programs via programs such as Skype, as mentioned in item 4.1.

4.2 Teaching and learning methods

Accreditation standards

4.2.1 The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.

4.2.2 The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

4.2.3 The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.

4.2.4 The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

When addressing each of the standards, please include the following:

- **Describe the teaching and learning methods used in the program(s), including:**
  - **mandatory skills course**
  - **educational activities and educational material, including distance education programs that the education provider provides**
  - **any major changes made or planned and their rationale. [4.2.2]**

Teaching and learning methods are as suggested in the paragraph 4.1. Educational opportunities are provided on an ongoing basis through the training clinic. A strong relationship exists between the trainee and the CTS (and CTIs), allowing role modelling and peer-to-peer review on a regular basis.

Mandatory skills courses are also required. The trainee is expected to complete five academic modules during their training time, including biomechanics, sports nutrition, sports psychology, sports pharmacology and research methods. These are performed via ACSEP's online LMS delivery platform. Each module takes somewhere between 20-40 hours of work to complete. They involve a combination of video presentations, written material, and regular short answer and multiple-choice questions **(Refer to LMS)**.

The trainee must also complete the MOST course during their training. As mentioned in section 4.1, this is a specific course administered by the College following the 2014 AMC review suggested. This is a mandatory course all registrars must perform as part of their training requirements. The course includes both basic and advanced life support and management of medical emergencies such as cardiorespiratory, metabolic and thermal disorders. It also covers management of various traumatic injuries to the chest, abdomen and extremities. The course is delivered on a yearly basis at the Annual Scientific Conference and costs the trainee $990.

Distance and self-guided education may be performed by the trainee through a series of online teaching modules provided by the ACSEP. These modules follow the curriculum and can be accessed via the website thanks to funding procured from the STP and IRTP programs. They are available for both registrars and fellows. The modules include a video presentation by an expert in their field. The modules are interactive with video presentations, case work and assessments and feedback via short answer and multiple-choice questions. This extensive resource will continue to encompass all areas of Sport and Exercise Medicine.

- **Describe any requirement for completion of university or other formal award courses, including:**
  - **learning objectives met by such courses**
  - **funding of these arrangements**
  - **quality assurance and review. [4.2.2]**

Trainees must complete the academic modules provided by ACSEP. As mentioned in section 4.2.1, these include biomechanics, sports nutrition, sports psychology, sports pharmacology and research methods. These courses provide sub-specialised information that may not be part of a clinic-based training program but is important to the overall development of the Sport and Exercise Medicine trainee.

The courses are produced with funding from the STP and IRTP programs. The quality of the courses is regularly reviewed via the Board of Censors and Education Committee.

As the College produces its own modules, there is no need for the trainee to complete these from other tertiary institutions. In the event that a trainee wishes to complete an equivalent course through a tertiary institution, they may apply for Recognition of Prior Learning **(Appendix 3.3.2)**.

- **Describe informal arrangements for the provision of training by external educational providers and how these arrangements are funded. [4.2.2]**

- **Specify the teaching and learning methods that are inquiry-orientated, encourage trainees to take responsibility for their learning process and provide a foundation for lifelong learning. Specify also how the specialist medical program encourages role modelling and working with interdisciplinary and interprofessional teams. [4.2.3]**

Trainees of ACSEP's training program are encouraged to be responsible for their ongoing learning needs. The program aims to create a fellow who can maintain continuous development in their careers. The curriculum is structured into teaching and learning methods that the trainee can follow. The revised curriculum is also categorised into mandatory experiences and those that a trainee could pursue independently **(Appendix 2.2.1 A)**.

There may be various learning experiences for a particular curriculum topic. For example, a trainee may learn about how to prescribe a rehabilitation program through a self-directed learning experience. This may include spending time with a high-level physiotherapist to observe their approach to exercise prescription.

All trainees must undertake and prepare an independent research project before they can sit their clinical exams. All trainees are expected to demonstrate active participation in the weekly tutorial presentations. They are expected to perform pre-readings based on the curriculum learning objectives. They may also be required to prepare educational material and case presentations based around these learning objectives. This information is then shared in the tutorial group. In an individual setting, trainees are expected to present weekly topics to supervisors that are based on the curriculum learning objectives.

A major strength of ACSEP's training program is learning to work within multi-disciplinary teams. There is the ability

for interdisciplinary and inter-professional relationships to develop through connections with sporting teams and associations. A key aim of the team coverage requirement is for registrars to effectively work in a multidisciplinary team to care for a patient **(Appendix 5.2.1)**.

There are frequent opportunities for collaboration between colleagues in Sport and Exercise Medicine. This may include working with other Sport and Exercise Physicians in large events, such as the Commonwealth Games, or in sporting teams as a 'second doctor', under the supervision of the head doctor. There is broad exposure to other allied health professionals such as physiotherapists, dietitians, podiatrists, psychologists, massage therapists and exercise physiologists. Most sporting organisations will have multi-discipline input. This allows appropriate interaction with allied health colleagues and provides knowledge of the resource and management plans they provide to their athletes and patients. The trainee is also encouraged to have meaningful interactions with other medical specialists in areas that overlap with the care of the athlete. This may include radiologists, orthopaedic surgeons, cardiologists, general practitioners, emergency physicians and psychiatrists. The skills and knowledge acquired from other medical colleagues are essential for the well-rounded education of the trainee.

- **Comment on the success of the teaching and learning methods used, including:**
  - **how successive years build upon each other**
  - **how the training process ensures increasing independent responsibility as skills, knowledge and experience grow. [4.2.4]**

ACSEP's training program builds on each preceding year. First year trainees have a larger requirement for supervision and structured learning under the CTS' direct supervision. As the trainee increases in seniority, they are expected to have less direct supervision and assume more responsibility for their own consulting, while still being given indirect supervision at all times. A recent change in policy after the last AMC review, includes the mandatory supervision of all senior trainees until they sit and pass their clinical exams. This lets the senior trainee consult independently while still being supervised if they encounter any specific difficulties – both clinically and professionally.

The curriculum is divided into four main areas. It is expected that Sport and Exercise Medicine Foundations should be completed in the initial stages of training. These areas of the curriculum will provide the foundation for other aspects of training, including clinical decision making, fundamental competencies and care of athletes and teams. It is expected that fundamental elements of the curriculum are covered before moving onto the more advanced areas.

ACSEP's tutorial program is completed over a two-year cycle. It is expected that the understanding and knowledge of any topic covered is further developed by the second time the topic is covered. This may be achieved by the trainee further exploring the independent curriculum learning objectives.

Standard 5 Assessment of learning

5.1 Assessment approach

5.2 Assessment methods

5.3 Performance feedback

5.4 Assessment quality

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Standard 5 Assessment of learning

5.1 Assessment approach

Accreditation standards

5.1.1 The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.

5.1.2 The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.

5.1.3 The education provider has policies relating to special consideration in assessment.

5.1.1 The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.

When addressing each of the standards, please include the following:

- **Provide the education provider's overall policies and outline the approach to assessment, including:**
  - **Responsibilities and authorities**
  - **Indicate how a match is achieved between assessment and the outcomes and curriculum of the specialist medical program(s).**
- **Summarise the outcomes of any evaluations and reviews of the assessment program that have occurred since the last AMC accreditation. [5.1.1]**
- **Identify other relevant strengths and challenges in relation to assessment approaches, plans for ACSEP has an assessment program that is divided into summative and formative components: development and the processes for addressing the challenges, with examples.**

ACSEP has an assessment program that is divided into summative and formative components:

- Formative: All aspects of an ACSEP registrar's progression through the training program are subject to formative assessment:
  - Clinical Training Supervisors (CTS) complete six monthly reports on their registrars' performance throughout the training program **(Appendicies 3.2.3 and 5.1.1)**. These reports are reviewed at twice-yearly interviews between the registrar and his/her Zone Training Coordinator (ZTC). The reports guide the discussion between the registrar and the ZTC regarding progress and areas that need to be strengthened.
  - Registrars are required to maintain a daily logbook of patients who they see throughout the training year **(Appendix 5.2.1, page 25)**. The logbook is reviewed every six months with ZTCs to ensure that appropriate clinical exposure is achieved as the registrar progresses.
  - Workplace Based Assessments (WBAs) are demonstrated assessments conducted within the workplace setting, such as the registrar's clinical training practice. During WBAs, the assessor (often the registrar's CTS) will observe the registrar interacting with a patient during a consultation or performing a procedural skill. Alternatively, the assessor will ask the registrar a number of questions and discuss how to create an effective learning environment. Registrars are required to complete an array of WBAs as described in ACSEP's 2018 Training Manual (pages 28-38).

- Event and team coverage: Registrars must gain experience in providing medical coverage and support for various sporting events. This includes the organisation of medical coverage of at least one major sporting event and the provision of medical services in a contact sporting team environment for at least one full season. These training requirements are fully articulated in ACSEP's 2018 Training Manual (pages 39-51). All event and team coverage requirements are subject to supervision and assessment by an ACSEP Fellow. Satisfactory completion of each requirement must be confirmed by the relevant supervisor.
- Research: The research requirements of ACSEP Training are described in ASCEP's 2018 Training Manual (pages 65-74). Registrar research is assessed by ACSEP's Registrar Research Coordinator and the journals where the research publications are submitted.

Summative:

- ACSEP's Part One Entrance and Part Two Fellowship Examinations are the entry and exit assessments for the College.

The Part One Entrance Examination has a basic science curriculum that encompasses anatomy, physiology, exercise physiology and pathology. The Entrance Exam consists of two papers of 100 MCQ questions each. Paper A is Anatomy (with an emphasis on musculoskeletal anatomy) and Paper B is Physiology (with an emphasis on exercise physiology) and Pathology.

- This examination must be successfully completed before prospective trainees can apply to join ACSEP's training program. ACSEP's Fellowship Examination is a summative assessment that can only be attempted after the formative assessment components of training, and all other training requirements (such as research), have been satisfactorily achieved. All aspects of ACSEP's curriculum may be subject to assessment in either the written or clinical components of the Fellowship Examination.

The Part Two ACSEP Fellowship Exam consists of a written paper held annually in June. It includes:

- 120 item MCQ format examination
- 10 short answer questions

Upon passing both parts of the Fellowship Written Examination, the candidate is invited to attend the Clinical Examination held annually in October. This includes:

- Long case
- Short clinical cases
- Viva voce

5.1.2 The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.

All assessment and completion requirements for ASCEP Registrars are clearly articulated in ACSEP's Training Manual. This document is updated annually following review by the Training Committee. A hard copy is given to all registrars who are starting ACSEP's Training Program during the annual ACSEP Training Program Orientation Session. The manual is also available to all ACSEP members and staff on ACSEP's website.

5.1.3 The education provider has policies relating to special consideration in assessment.

Registrars are asked to submit a feedback form after completing their examinations. This lets them relate any

circumstances that may have negatively influenced their performance, e.g. disruptive events occurring during the examination or illness leading up to the examination. Each request is considered on a case-by-case basis by the Board of Censors in ratifying final results.

ACSEP understands that a formal special consideration policy is required. The College has a draft policy which is currently being reviewed **(Appendix 5.1.3)**.

5.2 Assessment methods

Accreditation standards

5.2.1 The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

5.2.3 The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

See the answer to question 5.1.1.

- The summative assessments used for the Entrance and Fellowship Examinations and mandatory academic modules are carefully regulated and reviewed. Such summative assessments are essential for assessing the knowledge of candidates and suitability to progress to the next stage of the Fellowship or training.
- The performance of registrars in the workplace is subject to assessment during the training program:
    - Clinical Training Supervisors (CTSs) are responsible for the day-to-day supervision of registrars within accredited training posts. Each CTS must complete six monthly reports regarding the performance of registrars under their supervision. These reports are reviewed at twice-yearly interviews between the registrar and his/her Zone Training Coordinator, and are fundamental to the assessment of registrars in the workplace.
    - Registrars are required to maintain a daily logbook of patients that are seen throughout the training year (ACSEP's 2018 Training Manual, page 25). The logbook is reviewed every six months with Zone Training Coordinators to ensure that appropriate clinical exposure is achieved as the registrar progresses.
    - Workplace-based Assessments (WbAs) are demonstrated assessments conducted within the workplace setting such as the registrar's clinical training practice. During WbAs, the assessor (often the registrar's CTS) will observe the registrar interacting with a patient during a consultation or performing a procedural skill. Alternatively, the assessor will ask the registrar a number of questions within a discussion environment. Registrars are required to satisfactorily complete an array of WbAs as comprehensively described in ACSEP's 2018 Training Manual (pages 28-38). WbAs are used to assess a range of core competencies that the registrar may use during day-to-day clinical work.
        - Mini Clinical Evaluation Exercises (Mini-CEX) concentrate on observing the registrar taking a focused history, performing a physical examination, and formulating a management plan for a variety of common patient presentations.
        - Direct Observation of Procedural Skills (DOPS) is a tool used to evaluate the registrar's competence in performing interventional procedures in the workplace.
        - Case Based Discussions (CBD) focus on assessing the performance of the registrar in managing a patient. This assessment indicates a registrar's competence regarding clinical reasoning in decisions about a patient's assessment, investigation, treatment, referral and follow up.

- Event and team coverage: Registrars must gain experience in providing medical coverage and support for various sporting events. This includes the organisation of medical coverage of at least one major sporting event and the provision of medical services in a contact sporting team environment for at least one full season. All event and team coverage requirements are subject to supervision and assessment by an ACSEP Fellow. Satisfactory completion of each requirement must be confirmed by the relevant supervisor.

Thus, a broad range of assessment methods are used throughout the progression of ACSEP registrars to reach Fellowship status.

5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

The blueprint **(Appendix 5.2.2A and B)** provides a framework for how the curriculum elements will be assessed. The blueprint informs the Fellowship Examination content.

5.2.3 The education provider uses valid methods of standard setting for determining passing scores.

The Entrance Exam

Each paper is compiled according to a blueprint and psychometric properties. After each exam, an item analysis is undertaken to flag items that do not meet minimum statistical criteria for consideration by the BoE experts. Classical test theory (for information) and Rasch measurement is applied. Poor-performing items are excluded from the final analysis. Each paper includes a portion of difficult items on the constructed ACSEP scale through which the papers are linked to the ACSEP scale and the cut score is found. This process ensures that the cut score represents the same level of performance to pass an exam, irrespective of differences in difficulty and/or abilities of cohorts. The cut score was originally determined on historic pass marks in examinations that were held prior to the introduction of Rasch analysis. The historic cut score was derived using the modified Ebel method (where the cut score was computed from a consensus regarding the relevance/importance of each item, grouped as critical, core or additional. An expert panel of ten agreed on the appropriate classification of each item, recorded their opinion on the relevent cut score within each group, and then took an average). Since all psychometric results are expressed in logics which can be negative decimals, results are scaled for reporting purposes. The cut score on this scale represents the same standard to pass the exam.

The ACSEP Fellowship Exam, held annualy in June, consists of a:

- Written paper
- 120 item MCQ format
- 10 short answer questions

The MCQ paper is compiled and analysed in the same way as the papers in the Entrance Examination. The historic cut score was derived from past examinations using the Angoff method (where the cut score was computed from an estimate of the probability of a borderline candidate answering each item correctly, and an average score from 10 ACSEP experts).

The SAQ section of the Fellowship Examination includes 10 questions written by Fellows. Each question is new every sitting (i.e. questions are not reused and therefore, not available for calibration across different examinations). A marking template is created with each question/ template combination reviewed by three to four fellows, including the Censor In Chief.

In the Clinical Examination, each section is examined by two examiners who mark the candidate against a five-point marking rubric. The essential elements for a pass mark are determined at the pre-examination meeting. In general, a pass is required for each section of the Clinical Examination to pass overall. The BOC appreciates that while we aim to

standardise examination conditions, this is not always so in a clinical examination using real patients. Hence, in the event of any "fail" award, it reserves the final pass / fail decision to be at its discretion after consideration of an individual's overall performance across all sections.

Future evolution of the Clinical Examination will likely include an OSCE format. The OSCE format is potentially more reliable and the structure will accommodate increasing numbers of candidates.

- Workplace-based Assessments are conducted by ACSEP Fellows who are experienced Clinical Training Supervisors. These fellows have free access to a web-based module that gives instruction on how WbAs should be conducted and assessed. The module deals with how to give registrars feedback on their strengths and areas of performance which can improve. A first year registrar will not be expected to perform at the same level as someone several years more senior. Each type of WbA has its own assessment form. Furthermore, each type of WbA has its own guide to assessment criteria to assist the assessor.
  - Mini-CEX – Form TP3.6A and guide **(Appendix 5.3.3 A)**
  - DOPS – Form TP3.6B and guide **(Appendix 5.2.3 B)**
  - CBD – Form TP3.6C and guide **(Appendix 5.2.3 C)**
- WbAs are deemed either "satisfactory" or "requires further development". In the instance that a registrar is assessed as requiring further development, the WbA must be repeated again in the same training year.
- All event and team coverage requirements are subject to supervision and assessment by an ACSEP Fellow. As with WbAs, ACSEP Fellows responsible for supervision and assessment of registrars in event and team coverage settings are experienced training supervisors. Completion of event and team coverage requirements are not subject to pass/fail assessments. However, satisfactory completion of each requirement must be confirmed by the relevant supervisor.

When addressing each of the standards, please include the following:

- **Provide a schematic of the assessment program, showing assessment methods for each component of each program and which assessments are barrier assessments. Highlight any changes since the last AMC accreditation. [5.2.1]**

Table 5.2.1 ACSEP Training Requirements

Requirement	*Description*
Mini Clinical Evaluation Exercises (Mini-CEX)	Concentrates on observing the trainee taking a focused history, performing a physical examination, and formulating a management plan for various common patient presentations.
Direct Observation of Procedural Skills (DOPS)	A tool used to evaluate the trainee's competence in performing interventional procedures in the workplace.
Case-based Discussion (CbD)	Focuses on assessing the performance of the trainee in managing a patient. This assessment indicates the trainee's competence regarding clinical reasoning decisions about a patient's assessment, investigation, treatment, referral and follow up.
Team and event coverage	Trainees must gain experience in providing medical coverage and support for various sporting events. This inclues the organisation of medical coverage of at least one major sporting event, and the provision of medical services in a contact sporting team environment for at least one full season.
Clinical Training Supervisor and Zone Training Coordinator reports	Each CTS must complete six monthly reports regarding the performance of trainees under their supervision. These reports are reviewed at twice-yearly interviews between the trainee and his/her Zone Training Coordinator, and are fundamental to the assessment of trainees in the workplace.
Fellowship Examination (Written)	Trainees must complete a written exam consisting of 120 item multiple choice questions and 10 short answer questions.
Fellowship Examination (Clinical)	Trainees must complete a clinical exam comprised of a long case exam, short case exam and a viva voce exam.

5.3 Performance feedback

Accreditation standards

5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

5.3.2 The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

5.3.3 The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.

5.3.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

- **Describe the mechanisms for providing feedback to trainees on performance including oral and written feedback, and who has responsibility for providing this feedback. [5.3.1]**
- **Describe the mechanisms for providing feedback to supervisors on assessment performance of the trainees for whom they are responsible. [5.3.2]**
- **Describe the processes for early identification of trainees who are not meeting the outcomes of the specialist medical program(s) and the options for management of these trainees either through remedial training and or assessment, or through removal from training. [5.3.3]**
- **List the reasons a trainee would be dismissed from the program(s) and the processes for dismissal. Indicate the number of trainees dismissed in the last three years. [5.3.3]**

  - Workplace-based Assessments (WbAs) are demonstrated assessments conducted within the workplace setting, such as the registrar's clinical training practice. During WbAs, the assessor (often the registrar's CTS) will observe the registrar interacting with a patient during a consultation or performing a procedural skill. Alternatively, the assessor will ask the registrar questions within a discussion environment. In all WbA settings, the assessor provides performance feedback to the registrar immediately. Assessors are trained in how to deliver feedback using a Clinical Training Supervisor housed within ACSEP's website. WbAs are assessed using published criteria as detailed in 5.2.3. Feedback is provided on the registrar's perceived strengths, and areas in which the registrar could improve.
  - Clinical Training Supervisors (CTSs) are responsible for the day-to-day supervision of registrars within accredited training posts. Each CTS must complete six monthly reports on the performance of registrars under their supervision. These reports are the discussion subject between the CTS and the registrar. They also form the basis for feedback to the registrar regarding performance. In addition, the CTS reports are reviewed at twice-yearly interviews between the registrar and his/her Zone Training Coordinator. In a situation in which a registrar works at more than one practice, and has more than one CTS, the ZTC is in a position to review whether the registrar's performance is consistent across training sites. The ZTC interview is also an important opportunity for the registrar to give feedback regarding performance of the different training sites and supervisors.
  - Event and team coverage requirements are subject to supervision and assessment by an ACSEP Fellow. Following completion of each requirement, the registrar must submit a report. This forms the basis for discussion between the registrar and supervisor regarding the registrar's performance, and how this might be strengthened in the future.

5.3.2 The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

  - Clinical Training Supervisors (CTSs) are responsible for the day-to-day supervision of registrars within

accredited training posts. Registrars may work at more than one training practice during each training period. As such, a registrar can have multiple CTSs during any one training period. Each CTS must complete six monthly reports on their registrars' performance. These reports are reviewed at twice-yearly interviews between the registrar and his/her Zone Training Coordinator. Thus, the CTS is primarily responsible for informing the ZTC of their trainees' performance of the trainees. When a registrar has multiple CTSs, the ZTC has broad oversight of a registrar's performance. The ZTC is responsible for determining whether a registrar is meeting training requirements and suitable to progress to the next stage of training. Thus, the ZTC is well-positioned to provide feedback to CTSs of registrars who work at multiple sites, and to identify registrars with performance concerns **(Appendix 3.2.3, 5.1.1, 5.1.2)**.

5.3.3 The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.

- Identification of registrars with performance concerns typically occurs via six monthly performance appraisals by CTSs and ZTCs – described in the answer to 5.3.2 above. When a registrar is identified as not achieving the training program requirements for his/her stage of training, the first response is an informal interview between the registrar and the ZTC. An informal meeting is important to allowing open discussion of whether the sub-optimal performance reflects a poor training environment under the supervision of the CTS. The meeting also permits exploration of the registrar's social, family and health circumstances in a non-threatening manner. The measures that are implemented will be dependant upon the factors contributing to the registrar's failure to meet the required outcomes of the program. These might include, but are not limited to:
  - Additional one-to-one educational sessions with the CTS (for the purposes of clinical case reviews and Case-based Discussions)
  - Increased interaction between the registrar and his/her mentor
  - Increased frequency of reviews with ZTC to three monthly reviews
  - Recommendation for the registrar to seek medical advice if personal health issues are identified as contributing to performance issues
  - Consideration of whether part-time training might benefit the registrar's circumstances.

5.3.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

ACSEP is a small specialist medical college. The assessors for WbAs are frequently the CTSs of the registrars being assessed. Therefore, the CTS is well-positioned to liaise with the training practice if any patient safety concerns are raised because of a registrar's performance during a WbA. In the event that significant patient safety concerns are recognised, the CTS could discuss these with the ZTC or the Chair of Training.

There have been no specific incidences where we have needed to inform regulators or employers of concerns with a registrar's performance.

When addressing each of the standards, please include the following:

Termination of Training

A registrar will receive formal written warnings and counselling if they do not comply with college policies and guidelines (including behaviour that conflicts with the College's policies on Harassment, Bullying and Discrimination, Equity and Diversity, and Code of Ethics / Professional Standards). Receipt of three formal warnings will result in the registrar's dismissal from the training program **(Appendices 7.4.1, 7.4.3, 1.1.2)**.

A registrar's training may be terminated automatically in the event that a registrar:

- Is found guilty of professional misconduct
- Is deemed to have unsatisfactorily progressed during three training periods
- Has been in the training program greater than the allowable 10 years without prior written approval from the Training Committee
- Brings the College into disrepute and contravenes the College's Bullying and Harassment and Code of Ethics Policies

- **Describe the processes for informing employers and registration authorities if required of concerns about the patient safety that arise in trainee assessment. Provide de-identified information on the circumstances in which the education provider has applied these procedures. [5.3.4]**

ACSEP has not experienced an instance where this has occurred. Therefore this information cannot be provided.

- **Identify other relevant strengths and challenges in relation to assessment feedback, plans for development and the processes for addressing the challenges, with examples.**

5.4 Assessment quality

Accreditation standards

5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

The BOC reviews pass marks historically to monitor deviation (knowing that ACSEP's cohort is small and thus meaningful comparisons limited). ACSEP engaged an external provider to deliver an electronic platform for examination delivery. This has allowed an increased focus on content/ item creation and increased confidence in the fairness of the examination process – with an improved capacity to monitor standards over time.

New items are included in exams annually which become scored items once (Rasch) calibrated and linked to the ACSEP scale. Also, after each exam the performance of previously used items are inspected for signs of leaking and/or statistical drift. If any significant drift is found, the item is retired.

An Examiners' Learning Module has been created, providing CPD specifically for ACSEP examiners. Videos have also been created for calibration exercises (due to be implemented in 2018) to be completed in the Examiners Workshop Meeting prior to the Clinical Examination. These aim to improve standardisation and thus fairness across examiners.

ACSEP is looking to modify the Clinical Examination format to accommodate larger numbers of candidates. This is still under discussion, however, it is likely that an OSCE style format will be introduced.

The ACSEP Training Committee annually reviews the WbA training requirements for registrars. This practice is important so that WbAs are aligned with best clinical practice. The introduction of radiologically-guided procedures has meant that some clinically-guided injections that were commonplace for registrars are increasingly performed by radiologists. Thus, the Training Ccommittee must regularly review procedures that are considered mandatory for registrars to perform (rather than observe) during training.

5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

- ACSEP is an Australasian College that trains SEM Physicians in Australia and New Zealand. Comparability in the scope and application of the assessment practices and standards is maintained across its training sites by the College Board of Censors and the Training Committee.
  - The Board of Censors is responsible for the Part One Entrance and Part Two Fellowship examinations. ACSEP's Curriculum applies to all registrars, regardless of their country of residence. Thus, the Part One Entrance and Part Two Fellowship examinations that are sat in Australia and New Zealand are identical and occur simultaneously.
  - ACSEP's Training Committee is responsible for the oversight of all formative assessment procedures that were discussed above. The formative assessment requirements are the same for all registrars, whether residing in Australia or New Zealand. Comparability in the scope and application of the assessment practices and standards is maintained by regular review of these processes during Training Committee meetings throughout the year. A face-to-face Training Committee meeting occurs in February during the ACSEP Registrar Conference. A further five Training Committee meetings take place via teleconference over the remainder of the training year. Zone Training Coordinators covering all regions of Australia and New Zealand are required to attend these meetings. The ZTCs are responsible for providing feedback to registrars and CTSs under their jurisdiction. In addition, CTSs involved in formative assessment have access to clinical training and assessment modules that are housed on the ACSEP website. ACSEP acknowledges that there may be differences in the way that CTSs rate registrar performance during WbAs, despite CTSs being required to complete an online module on WbAs and give feedback. However, WbAs are completed across multiple workplaces, with multiple assessors, during the training program. ACSEP considers that this mitigates potential assessor bias or influence.

The College acknowledges that there is work to be done in the area of Workplace-based Assessments, as an official review has not been undertaken since February 2012. Further developments in this area are scheudled to occur in 2019 in line with the review of the training program. The Training Committee and representatives from the Board of Censors plan to discuss an upgrade to ACSEP WbAs, and to develop processes to include 360 feedback. ACSEP aims to add the discussion and ongoing review of WbAs to the annual face-to-face Training Committee meeting held each February.

Table 5.4

Part Two Examination Written

	2013	2014	2015	2016	2017
1st attempt	4	6	5	6	5
2nd attempt	2	5	2	2	*5 awaiting reassessment in 2018*
3rd attempt	1				
Subsequent attempts					

Part Two Examination Clinical

	2013	2014	2015	2016	2017
1st attempt	4	6	4	6	5
2nd attempt				1	*1 awaiting reassessment in 2018*
3rd attempt					
Subsequent attempts					

- **the numbers of trainees who withdrew from the program before completion and a summary of the reasons for withdrawal. [5.4.1]**

Trainee withdrawals in the last five years

Number of trainee withdrawals	Summary of reasons for withdrawal
2	One trainee decided to pursue another speciality and moved to RACMA. The other trainee decided that the medical specialist training requirements were too onerous with four young children and a partner. After being given a period to reconsider, the trainee contacted the College again confirming her desire to withdraw.

Training program assessment

Strengths and challenges

ACSEP's Entrance Examination has a basic science curriculum that encompasses anatomy, physiology, exercise physiology and pathology. Success in this exam represents a significant challenge, given the breadth of material that is assessed. However, one of the strengths of studying the basic science curriculum is that it ensures that registrars begin ACSEP's Training Program with a comprehensive knowledge of musculoskeletal anatomy and exercise physiology. Sound anatomical knowledge underpins accurate diagnosis of musculoskeletal injuries, and an understanding of the pathophysiology of injury and tissue healing is critical in developing injury rehabilitation programs. Sport and Exercise Medicine Physicians are also trained in the prescription of exercise programs for persons of all capabilities. Knowledge of exercise physiology is fundamental for the practice of "Exercise as Medicine".

ACSEP's Fellowship Examination is the final summative assessment for ACSEP Registrars. This examination has been carefully developed to assess candidates' theoretical knowledge, as well as their clinical management skills. The multifaceted clinical examination includes long and short case examination stations that test candidates' knowledge of internal medicine, their ability to diagnose acute and overuse musculoskeletal injuries, and their capability to interpret diagnostic tests, including radiology, pathology, electrocardiograms and spirometry. It also evaluates their ability to formulate a patient-specific management plan. The purpose of the Fellowship Examination is for the Board of Censors to be satisfied that candidates have achieved an appropriate standard to commence independent practice as Sport and Exercise Medicine Physicians.

One of the strengths of the formative assessment processes used throughout ACSEP's Training Program is that all aspects of a registrar's clinical practice are reviewed and assessed during each training year. The registrar maintains a daily clinical logbook that is reviewed every six months with their Clinical Training Supervisor and Zone Training Coordinator. Mandatory Workplace-based Assessments examine a registrar's interactions with patients (history taking and examination skills), ability to perform procedural skills, and their clinical reasoning and patient management plan development. All event and team coverage requirements are also subject to supervision and assessment by an ACSEP Fellow. Since the multiple formative assessment processes must be completed before registrars sit the Fellowship Examination, the Board of Censors are well-positioned to assess each candidate's suitability to commence independent specialist practice.

ACSEP's Fellowship Examination is held once a year. Resources (both fellow capacity and financial) prevent more than an annual sitting of the written examination. Candidates are required to pass both SAQ and MCQ sections (written exam) prior to sitting the clinical examination. The clinical examination requires rental of an appropriate clinical facility, recruitment of suitable patients, and provision of transport and accommodation costs for examiners and National Office staff involved in the process. As a small specialist medical College, ACSEP has the resources to conduct the Fellowship Examination on a solely annual basis. As a result, registrars who are not successful in the Fellowship Examination are required to repeat the examination a year later. At the present time, the financial status of ACSEP is unlikely to permit a change to the Fellowship Examination frequency.

With respect to Workplace-based Assessments, ASCEP uses performance appraisal formats (downward feedback). One future challenge for the Training Committee is to consider introducing a 360-degree feedback process as part of the formative assessment process. The introduction of an additional facet to the Workplace-based Assessment portfolio might improve capacity to identify trainees that are not meeting expected standards and thereby facilitate remediation or vocational redirection.

Standard 6 Monitoring and evaluation

6.1 Monitoring

6.2 Evaluation

6.3 Feedback, reporting and action

AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

April 2018

Standard 6 Monitoring and evaluation

6.1 Monitoring

Accreditation standards

6.1.1 The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.

6.1.2 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.

6.1.3 Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

When addressing each of the standards, please include the following:

- **Describe how the education provider evaluates and reviews it training and education programs. Summarise the outcomes and important changes that have resulted from any reviews that have occurred since the last AMC accreditation. [6.1.1]**

The ACSEP Curriculum is reviewed every three years. The ACSEP Curriculum was last reviewed in 2016 following a formal, full review by the internal stakeholders of the College, including fellows, registrars and the National Office. This broad process was lead by the Curriculum Review Committee, which consulted various committees such as the Training Committee, Board of Censors and the Registrar Representatives. A formal workshop for all members was also held at the 2016 ACSEP Annual Scientific Conference **(Appendix 1.4.2 B)**.

This review resulted in no significant changes the Curriculum's framework, which has been unchanged for the last five years. However, the broad and more specific learning outcomes were added to and modified. The weekly tutorial program was adjusted to reflect these changes and the assessment blueprint was reviewed. These changes:

- Placed further emphasis on patient-centred care and goal-setting practice,
- Added a new section within Care of Athletes and Teams, reflecting the nature of the many medical encounters that occur while teams are on tour
- Rearranged some sections and modified new learning outcomes based on new medical knowledge, specifically to inform evidence-based practice.
- Further emphasised mental health in our patient population and medical practitioners, with a new curriculum section addressing this subject area.
- Modified the Fundamental competencies to focus on:
    - Cultural awareness and safety (now a standalone topic area)
    - Professionalism and leadership (now emphasises medical practitioners as leaders in health education, health promotion and the efficient use of health resources)

The next curriculum review will be in 2019. This review will include consultation with internal and external stakeholders of the College. This evaluation process will be conducted by the Curriculum Working Group, working closely with the Training Committee, Board of Censors and Education Committee. The Chairs of each of these committees will meet every six months to ensure the review meets the requirements of the AMC. A formal Curriculum reviewing workshop will be held at the 2019 ASEP Scientific Conference, allowing all members to give feedback on the current Curriculum. Feedback will also be sought from external stakeholders including:

- Other specialist medical colleges within Australia and New Zealand
- Government regulatory bodies (e.g. Australian Medical Council (AMC), Medical Board of Australia (MBA), Medical Board of New Zealand (MCNZ), Australian Sports Anti-doping Authority (ASADA), Australian Sports Commission (ASC))
- Indigenous individuals, groups and organisations (e.g. AIDA, Te ORA, Pasifika Medical Association)
- Sporting organisations at all levels, including those representing people with particular medical needs (e.g. Australian Paralympic Committee)
- Allied health bodies (e.g. Australian Physiotherapy Association [APA])
- Sports Medicine Australia (SMA) and Sports Medicine New Zealand (SMNZ)
- International sport and exercise specialist medical colleges (e.g. FSEM [UK])
- Australian (and New Zealand) community members, groups and organisations, including those that represent certain medical conditions (e.g. MOVE arthritis groups)

The ASCEP Training Program (including the modality form of education delivery) is continuously reviewed and modified, to deliver updated educational material that is evidence-based and relevant to the practice of Sport and Exercise Medicine in Australia and New Zealand. The delivery of training program content is a dynamic process and utilises many sections of the ACSEP Governance Structure. The process has input from within and outside the organisation, involving all stakeholders. The feedback from the current registrar group is especially important to the success of this process.

Since the last AMC process, the requirement for the registrars to complete a year of training interstate or interzone was removed in 2015. However, registrars are still encouraged to move between training zones and must train at a variety of centres.

The training program was reviewed when the ACSEP's 2017 Training Manual was updated to its current 2018 version. During this review, a number of training program requirements and tasks were found to be outdated or provided insufficient/conflicting information to registrars. The ACSEP Training Program assignment and assessment forms also underwent an audit last year, as they were no longer suited training program requirements.

As such, the Training Program, Training Manual and forms were reviewed by the Training Committee, with suggestions made for improvement. The approved changes where then implemented to create the updated Training Manual and assignment and assessment forms.

The progress reviews conducted every six months by Zone Training Coordinators with their registrars also bring feedback and suggested changes from the broader community to the College. This feedback is discussed by the Training Committee, with changes made when deemed necessary.

The National Office has run an annual registrar survey which provides insight into how members evaluate the Training Program. This data is reviewed by the National Office, Training Committee and Board, with recommendations made by the National Office and Training Committee implemented by the Board **(Appendix 1.1.5 A)**.

Until 2018, each state or region was designated a State Training Coordinator who was responsible for a variable number of registrars. Due to relatively higher numbers, there was a lack of STCs to registrars. At the request of the Registrar Representatives, the College has now implemented Zone Training Coordinators (ZTCs) to ensure a more equal spread in numbers, whereby each ZTC has a similar number of registrars under their supervision. This also ensures that all ZTCs look after registrars that are not training in their practice, removing any potential conflict of interest in their training **(Appendices 1.1.3 L, 6.1.1 B)**.

To align with the 2019 Curriculum Review, the training program will also be reviewed to ensure the it delivers the outcomes required by the updated Curriculum.

- **Provide details on how supervisor, trainer and trainee feedback has been collected, analysed and used to improve the program. [6.1.2 & 6.1.3]**

Registrar feedback is gathered during their progress reviews with their Clinical Training Supervisor and Zone Training

Coordinator every six months **(Appendices 3.2.3, 5.1.1)**. The information is collected through a progress review form. The Zone Training Coordinator and/or National Office then feeds this information to the Training Committee and other relevant committees.

Training supervisor and registrar feedback is also collected during Training Practice Accreditation visits, which usually occur every five years provided a training practice gets a full practice accreditation for five years. Where there are concerns about the Training Supervisor or Registrar during these visits by the Practice Accreditation Team, these concerns are communicated directly to the Training Supervisor or Registrar. They can also be communicated to the Training Committee or the Board if the concerns warrant further action **(Appendix 1.1.5 B)**.

Feedback from registrars and fellows are also collected through annual surveys. This data is analysed by the relevant committees and the National Office, with recommendations made to the Board for actioning.

The Training and Registrar Coordinator has recently developed a feedback form for registrars to provide feedback on their Training Supervisors at the end of each year. This will be implemented at the end of 2018, and is optional for registrars **(Appendix 6.1.4)**.

Registrars and fellows are encouraged to provide feedback directly to the National Office on ways to improve the Training Program. These suggestions are then considered by the relevant committee and actioned accordingly. An example of this is when a Registrar wanted to see improvements within the Tutorial Program in regards to better connectivity when dialling into sessions from remote locations. This prompted the National Office to expedite its Tutorial Program audit, which resulted in the College purchasing six Samsung Tablets and data SIMS for use during the Tutorial Program. This partnership has increased the connectivity to the Tutorial Program, making it easier for more registrars to connect to sessions remotely **(Appendix 6.1.2)**.

- **Outline the mechanisms to inform trainees of the results of ongoing monitoring and the response by the education provider to trainee feedback. [6.1.3]**

The College communicates feedback and monitoring results to registrars through:

  - Open letters
  - New Training Material documents
  - The College or Registrar Email Newsletter **(Appendix 1.1.5 D)**
  - The registrar's Facebook group **(Appendix 1.1.5 C)**
  - The Annual ACSEP Registrar Conference
  - The Year in Review **(Appendix 1.7.1)**
  - Other methods deemed suitable for that communication
  - The Registrar Representative, who is responsible for facilitating communication between the College and registrars **(Appendices 6.1.3, 2.1.3 A).**

- **Identify other relevant strengths and challenges in relation to ongoing program monitoring, plans for development and the processes for addressing the challenges, with examples.**

Challenges stem from the lack internal human resources who are able to work on improving and monitoring the Training Program. Within the National Office, there is only 1 part-time staff member who manages the Training Program solely - other staff contribute but have a variety of other responsobilities.. As more staff come on board, the College will be able to better monitor and evaluate the Training Program and feedback. The strengths of the College lie in the passion that individual members have for the growth and development of the ACSEP Training Program and in the ability of the National Office staff to focus continuous improvement – as demonstrated by the updated training documents and the new Zone Coordinator structure.

On behalf of AMC teams, the AMC seeks submissions on the training and professional development programs being reviewed. The AMC considers the following to be key stakeholder organisations: trainees; supervisors of training; health

departments; other education providers providing specialist medical training; consumer groups and the Deans of medical schools.

The AMC also seeks feedback from specialist international medical graduates whose suitability for registration in Australia has been assessed by the education provider. For bi-national training programs, the AMC and the Medical Council of New Zealand consult stakeholders in both countries. To assist the AMC to plan its approach to collecting feedback, please indicate if the education provider has a process for regular consultation with any of the groups listed above and outline briefly the matters covered.

The College is a member of the CPMC in Australia, and CMC in New Zealand. This membership gives the College President, New Zealand Representative and CEO a forum to meet and discuss relevant issues with these important external stakeholders. The College also attends forums, workshops and meetings with external stakeholders including the AMA, MCNZ and MBA to keep abreast of current developments in training and professional development requirements. Within the College, the Board consults with various internal stakeholders including trainees, training supervisors and international medical graduates. This is done through the Registrar Representative Committee and Registrar Representative who sits on both the Board and the Training Committee, the Training Committee and the Overseas Trained Specialist Working Group under the Board of Censors **(Appendices 1.1.5 A, 2.1.3 A)**.

6.2 Evaluation

Accreditation standards

6.2.1 The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.

6.2.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.

6.2.3 Stakeholders contribute to evaluation of program and graduate outcomes.

- **Describe the education provider's processes to evaluate program and graduate outcomes, indicate when this was last reviewed and what plans there are (if any) to change these processes. [6.2.1]**

The College emphasises the successful completion and pass rate of registrars sitting the Part 2 Fellowship Examination. This is done to determine the success of the Training Program. If registrars are struggling within a particular area, the Training Committee will assess the issue and determine if changes need to be made. For example, in 2016 the Research Requirement was changed from a 100-Point System to a Single Pathway method as registrars were struggling with the demands of the Point System. Instead the new Single Pathway method enable registrars to better immerse themselves within the requirement, while balancing the rest of the training program's needs.

In 2017, the College had an external medical examiner observe the conduct of the Fellowship Examinations. They provided recommendations on how the College could improve its examination processes going forward. The Board of Censors is also aware that as the College grows, there will be more registrars sitting their Fellowship Examination. Therefore, the current delivery of the Clinical Exam will need to be altered to accommodate greater registrar participation.

The College will also need to continually review the assessment process, taking into account the evidence around best practice in turning out high-quality, specialist Sport and Exercise Medicine practitioners. In particular, the evidence around programmatic assessment versus exit examination as the sole method of testing for the required medical knowledge and its implementation. The College will consult with other specialist medical colleges and the AMC to determine the preferred method of assessment in the future. This is to ensure its assessment processes remain best practice and in line with other specialist medical colleges.

- **Describe how information about program and graduate outcomes is used as feedback for program development with examples [6.2.2].**

In addition to the examples cited in the answer above, the ACSEP is developing a process for the Training Committee to receive a report from the Board of Censors after each examination period. This report will show whether there is a common issue perceived among candidates that are not successful during each exam period, and how these issues can be addressed by the Training Committee through Clinical Training Supervisors.

- **Describe how the education provider seeks evaluation feedback from and, where appropriate, responds to community perceptions about graduates of its programs. [6.2.3]**

Currently, the College does not seek out or receive feedback from the community in regards to our registrars. However, the College does indirectly receive some feedback if a community member contacts us – but we do not actively seek out this information.

Informal feedback about registrars and new fellows comes from information that senior fellows receive from organisations such as sporting bodies. Team managers get this feedback when new fellows provide services for these organisations.

A formal survey that gathers information on the community perception of the College and its graduates is an idea worth considering. When more resources are added to the National Office, the College hopes to implement this idea.

- **Identify other relevant strengths and challenges in relation to evaluation, plans for development and the processes for addressing the challenges, with examples.**

Challenges stem from the lack of internal resources who are able to work on evaluating the College's programs and graduate outcomes. The College recognises this as a disadvantage in its current processes. With increased financial capacity, we hope to rectify this in the future. For example, the College has received requests for practice examinations, however due to the size of ACSEP and the number of questions currently in the exam bank, this is not possible. As the College grows and more fellows with the skills and abilities to construct such questions become available, the production of practice exams will become a priority for the College.

6.3 Feedback, reporting and action

> **Accreditation standards**
>
> 6.3.1 The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
>
> 6.3.2 The education provider makes evaluation results available to stakeholders with an interest in program and graduate considers their views in continuous renewal of its program(s).
>
> 6.3.3 The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

When addressing each of the standards, please include the following:

- **Describe the education provider's processes to report the results of monitoring and evaluation through the governance and administrative structures. [6.3.1]**

Each committee is expected to regularly report to the Board on matters related to monitoring and evaluation **(Appendix 6.3.1.)**. Committee Chairs also receive reports from the Chairs of working groups, to include in their own regular reports. Sometimes, the Board may request a direct report from these working groups. Any recommendations on monitoring or evaluation made by working groups or committees to the Board, can then be considered for action by the National Office.

For example, the 2017 College Registrar Survey results will be reviewed by the Training Committee and then the Board, with recommended actions from the Training Committee to the Board, especially around bullying and harassment. The Training Committee is scheduled to present recommendations to the Board by mid May, so the Board can review

the recommendations so appropriate action can be decided upon in the Board meeting on 23 May. Through an email directed to all members and the monthly newsletter, the proposed actions will be communicated back to the registrars.

The 2017 Registrar and Fellow Survey also looked at the work/life balance and burnout of our members, with plans to address these concerns through our Mental Health Plan – launched at the end of 2017 **(Appendix 7.4.2)**.

As the College improves its financial position, the National Office hopes to further evaluate this data, how many members are at risk and how we can best meet their needs through our Mental Health Plan/ It also wants to evaluate how many members utilise the services we provide, including our EAP and Peer Support Group. This consists of eleven senior ACSEP Fellows from all states and regions of Australia and New Zealand.

- **Describe how the education provider disseminates and communicates the results of program evaluation to stakeholders, and seeks their input in the continuous renewal of the program. Give examples. [6.3.2]**

The College disseminates and communicates results from program evaluations to stakeholders via direct emails to members, releasing new Training Material documents, the College Newsletter, the Registrar Newsletter, at ACSEP Registrar and Annual Scientific Conferences, the Year in Review and other suitable communication methods. The Registrar Representative also assists with information dissemination and the collection of specific input. The National Office can then request feedback from members regarding reports for review by the appropriate working groups and/or committees, or the Board **(Appendices 1.7.1, 1.1.5 D)**.

- **Describe how the education provider manages concerns about, or risks to, the quality of the training and education program. [6.3.3]**

The College takes the quality of our Training Program seriously. Any concerns that are raised are presented to the most suitable committee(s). These committees will thoroughly consider the concern and will action a recommendation to the Board for its consideration. The College has a new Professional Standards Committee which oversees instances where a member does not adhere to the College's Code of Ethics or Professional Standards. This Committee assess all aspects of the concern and will report back to the Board with a recommendation for action. For matters of a paramount nature, the College's lawyer is consulted **(Appendicies 1.1.3 H, 1.1.2)**.

The Board of Censors has a Risk Register for any issues that may concern examinations and assessments **(Appendix 6.3.3 B)**. To ensure future planning for any risks to the Training Program, the Training Committee will start a Risk Registrar in 2018, where identified risks and suggested mitigations are listed. Overseeing all this, the Board also has a Risk Register specifically allocated to the quality of the training and education program.

Standard 7 Trainees

7.1 Admission policy and selection

7.2 Admission policy and selection

7.3 Communication with trainees

7.4 Trainee wellbeing

7.5 Resolution of training problems and disputes

AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

April 2018

Standard 7 Trainees

7.1 Admission policy and selection

Accreditation standards

7.1.1 The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice.

The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.

7.1.2 The processes for selection into the specialist medical program:

- use the published criteria and weightings (if relevant) based on the education provider's selection principles
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.

7.1.3 The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.

7.1.4 The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

When addressing each of the standards, please include the following:

- **Describe how the selection policy is implemented, at hospital, regional or national level and outline the reasons for the choice of the policy. [7.1.1]**

Our selection policy is implemented at a bi-national level across Australia and New Zealand. Interview applications are accepted after satisfactory completion of an MBBS or equivalent, a period of specified pre-vocational practice and completion of the ACSEP Part 1 Entrance Examination.

Applicants are asked to submit a standardised CV with their application, which is scored against the ACSEP scoring criteria. They are also asked to declare if they have any outstanding restrictions or investigations pending regarding their medical registration **(Appendix 7.1.1)**.

To prevent discrimination and bias, the scoring is completed by three scorers including two College Fellows on the Interview and Selection panel and a staff member from the National Office. Once CVs have been scored, they are ranked, and the top candidates are invited for an interview, specifically, 2.5 candidates per available first-year training position are invited to attend the interview. Following the interviews, those who scored well are contacted to ascertain whether there are any unidentified concerns regarding the applicant. References were found to be unreliable as a means of judgement – those from ACSEP Fellows were more critical than those from non-Fellows. For this reason, they are used as final check of an applicant's suitability rather than in the scoring process.

The interview process is a structured multi-station interview ("multiple mini interviews") process. There are six stations,

and a total of 10 questions. Each station has two fellows who score the candidate, providing a balanced score for each question. Interview questions are designed to assess knowledge of the College process, the role of Sport and Exercise Physicians, different aspects of the CanMEDs framework and situational judgement. The answers to each question set are templated before the interview to provide a standardised framework for scoring. The interview questions are derived from a bank of questions that vary from year to year.

After the interview process, CV and interview scores are combined in a ratio of 30:70 to arrive at a final score. Candidates are ranked, results are discussed by all interviewers, referees are contacted and candidates are then offered posts according to rank. The benefit of this process is that each question is asked by the same interviewer, which improves consistency and reduces the impact of any inter-personal issues. The interview questions span a broad range of assessments and are reviewed each year.

While ACSEP remains constrained by available training positions, the negative is that a suitable candidate may miss out on an interview based on their CV score. But with the scoring system based on experience, missing out on an interview allows the candidates to develop their CV's appropriately. ACSEP is cognisant of the pressure on pre-vocational doctors to buff their CV, however, it has limited training places to offer and thus continues to utilise CVs in the process of allocating training posts. This awareness has led to an increased weighting of the interview itself on the final score and ranking. It has also lead to adjustments of weighting within the CV – to reduce the advantage of lengthy post-graduate experience and qualifications and increase the weight of evidence that shows work in the community, rural and regional areas and within Indigenous communities.

- **Describe how the selection policy supports merit-based selection. [7.1.1]**

One of the prerequisites to apply for an interview is successful completion of the Part 1 Entrance Examination. Due to the number of applicants exceeding the number of available posts, a robust and transparent system that allows the identification and stratification of applicants based on merit is essential (while acknowledging the difficulty in quantifying what makes a good Sport and Exercise Physician). The interview answers are marked according to a template and aggregated to arrive at a final score, with the intention of awarding positions to the highest performing applicants.

- **Describe the role of the employer and the education provider in the phases of the selection process:**
  - **If the education provider is primarily responsible for selection, indicate the opportunities for employer representation in the various phases of selection, and whether these are considered adequate.**
  - **If the employer is primarily responsible for selection, indicate if the education provider reviews the selection process. Outline the opportunities for the education provider to be represented at the various phases of the selection process and whether these are considered adequate.**
  - **Outline the advice the education provider gives to fellows and representatives on their role and responsibilities in selection processes. [7.1.1]**
  - **Registrar training takes place predominantly within a private, community-based system and the College itself is primarily responsible for the selection process.**

Prior to the interview, candidates are provided with the list of available training positions. They are then asked to rank the available training positions in order of preference and submit this with their application. Candidates are advised that they are not guaranteed their preference as their placement will depend on their collective CV and interview scores, and where they rank within their cohort. Following the interviews, the supervisors are provided with a list of the successful candidates and their CVs to assess. Training post supervisors are then provided with the opportunity to rank the candidates in order of their preference. Following this process, the Interview and Selection panel provide a "match system". Candidates are then offered training posts according to rank, with the highest-ranking registrar being offered their first post of preference, and so on. The training posts are then notified of the trainee that they have been allocated. The College will arbitrate in situations where a trainee or training post supervisor is not happy with the assignment **(Appendix 3.3.1 A)**.

The Interview and Selection Panel meet long before the interview day to go over the process and the questions. They also meet right before and right after the interview process, and then meet by teleconference to finalise the allocation of

posts. The Interview and Selection Panel consists of fellows who are experienced in the process, represent geographical diversity and have experience in training. The panel has a succession process to train new interviewers (who may sit in as an observer on a station during their first interview day). New fellows (observers) thoroughly briefed on the process and scoring criteria.

The ACSEP has a small number of training posts outside the private system (within the public hospital system and the Australian Institute of Sport). These posts are included with the other available training positions and allocated through the usual process of trainee interview and selection.

The reality of gaining experience in the field of Sport and Exercise Medicine means that prospective trainees often have a relationship with local practices that subsequently become their preferred training location. The allocation of training posts according to rank and preference, and also with (lesser and subsequent) consideration of "employer" preferences, results in more successful matching of training positions following the selection process – as a working relationship has already been established.

- **Describe how information on the selection process and appeals mechanism is made available to applicants and provide the link to any web-based information. [7.1.2]**

Once the applicant has been notified of their successful application for interview, they are provided with a letter of invitation which outlines the interview and selection process and provides the applicant with information on what to expect throughout the process. The information further clarifies the matching system that the ACSEP undertakes following the interview process. Unsuccessful applicants are personally telephoned by the Chair of Training. A follow-up letter is also sent to advise on the outcome of their interview and highlight areas for improvement if the candidate wants to reapply. Similar feedback is provided to those who were not offered an interview **(Appendix 7.1.2 A)**.

The College's Appeals Policy applies for any candidate who wishes to appeal **(Appendix 7.1.2)**.

- **Describe the education provider's process for review of the selection process. [7.1.2]**

The Training Interview and Selection panel convene to finalise the interview questions for that year.

Following the interviews (held over one full day), the panel also meets to discuss the experiences of all examiners on the day. The process is discussed for a long time and considers whether the process is still effective and in line with best practice. A process of review takes place by teleconference ahead of the interview day (as determined by the interview panel the prior year). A review working group is assigned to inform this process.

The College has also had external assessment and advice on the process through consultation with an independent psychologist, and input from other specialist medical colleges. The interview questions are continually reviewed to avoid repetition, and to span the CanMED competencies. Recently, situational judgement questions have been included to explore insightful decision making.

- **Describe how the education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees. [7.1.3]**

The College is actively engaged with AIDA and its medical students. ACSEP has invested significantly in increasing its presence within the ATSI and Māori medical student communities through a strengthened partnership with AIDA, and new relationships with Te ORA and the Pasifika Medical Association. Senior fellows of ACSEP, including the College President, have participated in AIDA workshops – actively engaging the ATSI medical student population. In 2017, with support from AIDA, ACSEP also offered its first ATSI scholarship. This scholarship provides financial support for a medical student/medical intern to attend the annual ACSEP Scientific Conference. Scholarship applications are assessed according to interest in SEM. As part of this scholarship, a college fellow is appointed as a mentor to support this scholarship holder in their endeavour to train in SEM. ACSEP is optimistic about welcoming its first ATSI trainee in 2019, following their successful completion of the Part 1 Entrance Examination and a successful performance in the ACSEP interview process **(Appendix 1.6.4 A)**.

Similarly, in New Zealand, ACSEP has engaged Te ORA and in 2018, offered its first Māori scholarship. With a similar

concept to the ATSI scholarship, ACSEP was able to offer a scholarship to a junior Māori doctor to attend the recent ACSEP Scientific Conference. ACSEP is committed to enhancing its commitment to improvements in Māori health, and will develop its first Māori and Pasifika Action Plans to increase the representation of Māori and Pasifika peoples in SEM practice. This will reduce health disparities between Māori and non- Māori people. Māori people make up 15% of the New Zealand population. According to the last published results of the MCNZ Workforce Survey (2014), 3.2% of doctors in New Zealand identify themselves as Māori. 11.5% of our New Zealand Fellows have Māori heritage **(Appendix 1.6.4 B)**.

ACSEP is aware of workforce maldistribution and diversity. Within the ACSEP CV scoring template, ATSI and Māori applicants can be allocated additional CV points for completing rural/remote placements during junior medical training and/or identifying as a person of ATSI or Māori heritage.

ACSEP launched its Reconciliation Action Plan at the 2018 ACSEP Scientific Conference, which includes short and long-term goals for closing the gap **(Appendix 1.6.1 B)**.

The short-term goals include building cultural competency, awareness and safety knowledge of all ACSEP staff and members. Another priority for the College is to establish what barriers are preventing young Aboriginal and Torres Strait Islander doctors in the field of Medicine from accessing specialist SEM training.

ACSEP's long-term goals include becoming a college of choice for Aboriginal and Torres Strait Islander people, advocating for ATSI rural health programs and building a more dynamic, innovative and diverse workforce.

- **Describe how the education provider monitors the consistent application of selection policies across training sites and/or regions, and the actions it takes when its policy is not applied. [7.1.5]**

There is a single selection process that is implemented and controlled by ACSEP. The process is upheld by the consistency of interviewers from year to year.

- **Provide information on the number of trainees entering each program(s) in each of the last three years. The AMC does not specify a format for this information. The education provider may present information in the format required by other organisations, such the Medical Training and Review Panel. If a bi-national training program, please provide separate figures for New Zealand.**

	2016	2017	2018
Australia	11	10	11
New Zealand	3	2	3

- **Indicate how the education provider considers the implications of an increase or decrease in applicants for its programs.**

The College is cognisant of the increasing interest in SEM as a medical career, evident in the number of applicants sitting and passing its entrance exams.

While part of the educational capacity of the program (tutorials, online modules, conferences etc.) can be scaled, resources such as supervisor availability and patient numbers for clinical exposure are limited. Therefore, the main factor that limits the acceptance of trainees into the training program is our capacity to maintain adequate training experiences.

A decline in the number of applicants is certainly possible, however, with a predicted oversupply of medical graduates and the specialty itself offering a desirable and satisfying career, the demand is unlikely to diminish in the near future. The Workforce Planning Group will develop an action plan addressing this further **(Appendix 3.3.1 C)**.

- **Identify other relevant strengths and challenges in relation to selection, plans for development and the processes for addressing the challenges, with examples.**

In addition the above, ACSEP continues to discuss selection criteria that will enhance diversity and equitable access while maintaining and meeting optimal standards and community needs. ACSEP currently engages conventional entrance to training methods in selection. As they stand, they inadvertently encourage CV buffing and additional stress on prevocational doctors, which are regretful and unintended consequences of demand. ACSEP is open to improved methods of assessing applicants regarding merit, suitability and their likelihood of success in a training program that takes place in private practice.

7.2 Admission policy and selection

Accreditation standards

7.2.1 The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

When addressing each of the standards, please include the following:

- **The trainee organisation and/or trainee committee is asked to describe its operations. The response to this standard should address the following:**
  - **its constitution, in particular whether the organisation/committee is separate to or part of the education provider structure**
  - **the process by which the representatives of the organisation/committee are nominated or elected**
  - **the support and funding provided by the education provider**
  - **frequency of meetings (face-to-face or teleconference)**
  - **mechanisms for trainee representatives or committees to communicate with other trainees**
  - **opportunities for trainees to meet education provider officers. [7.2.1]**

The registrars have a Registrar Representative Group consisting of the Head Registrar Representative and Zone Registrar Representatives. These Positions have job descriptions for the Head and each Zone Registrar Representative. Meetings are held annually at the Registrar Conference prior to the Annual Scientific Conference, where the Head and Zone Registrar Representatives are elected following an expression of interest for nominations before the meeting. This group does not have a formal constitution. Registrars can communicate with each other, their Representatives and National Office staff via face-to-face meetings at weekly tutorials and conferences, or electronically via teleconferences, the Registrar Facebook group and direct emails. The Registrar Representative Group is supported by the National Office, with administrative support from the Registrar and Training Coordinator. Expenses incurred when sending the Head Registrar Representatives to attend College functions, meetings and forums with external stakeholders such as the AMC, SEMSA, AIDA, AMSA and AMA are funded by the College. The College will also cover expenses for registrars who attend such meetings on behalf of the College **(Appendices 2.1.3 A, 1.1.5 D, 1.1.5 C)**.

Trainees are welcome to meet with the Registrar and Training Coordinator. Meetings are generally arranged via teleconference unless the trainee is based in Melbourne. In this case, a face-to-face meeting at the office can be arranged. Another opportunity to meet is at the annual ACSEP Registrar and Annual Scientific Conferences, which span over seven days. This provides trainees with the option to schedule formal meetings or to meet more casually with the National Office staff.

- **The education provider is asked to describe the trainee representation on the major committees. The response should indicate:**
  - **positions in which trainees are invited as observers and those in which trainees are full members**
  - **capacity for trainees independently to place matters on the agenda**
  - **if operating as an education provider in New Zealand whether separate structures for trainee representation exist in New Zealand, and if so, how they function. [7.2.1]**

The Head Registrar Representative is a full member of both the Board of Directors and the Training Committee. The

Registrar Representative is actively engaged with both committees and is able to independently place matters on the Board and Training Committee's agendas. Matters are raised as agenda items through the CEO and Registrar and Training Coordinator. Trainees, through the Registrar Representative, are encouraged to raise any matter of concern. Each state and territory across Australia and New Zealand has a dedicated zone representative who represents the trainees in their region. These zone representatives change annually and are introduced to the trainees at the Annual Registrar Conference at the beginning of year.

The majority of trainee matters can be resolved through discussion with their supervisor or Zone Training Coordinator. The most common matters generally regard clarification around policies or ACSEP training rules. More substantive requests, such as requests for exemption or recognition of prior learning, are raised to the Training Committee via email. If the matter requires immediate attention, the matter is discussed via email or teleconference.

There will also be a Registrar Representative on the Education Committee in 2018, who does not necessarily need to be the Head Registrar Representative. This rrepresentative will be able to give the Education Committee feedback on the e-learning and Academic modules and suggested changes to the Curriculum **(Appendix 1.1.3 M)**.

- **Provide a summary of the activities/processes of the education provider in which trainee representatives formally participate, such as accreditation, trainee selection, curriculum development/education boards, examinations, appeals/disputes. Cross reference to the sections of the accreditation submission in which more detailed information is available. [7.2.1]**

As discussed above, the Registrar Representative formally sits on the Board and Training Committee.

Trainee representatives also formally participate in curriculum development, including the evolution of the ACSEP Tutorial Program and Training Manual. There is also representation during curriculum development through the Training and Education committee, with further input into the ACSEP Tutorial Program. Trainees were formally involved with the College's Reconciliation Action Plan working group and the Education Committee is in the process of onboarding a Trainee representative to the newly established College committee.

In 2017, the Training Manual underwent a revision process. This process was coordinated by the Registrar and Training Coordinator in conjunction with members of the Training Committee and the Registrar Representative. The Registrar Representative provided significant input to this process, which involved a number of face-to-face and teleconference meetings. This was to ensure trainee requirements were clearly represented before being presented to the Training Committee for final sign off.

In 3.2.1, the last curriculum review process was discussed. In preparation for the formal review, a two-hour curriculum review workshop was held at the 2016 Annual conference. Compulsory attendance was required for trainees and training supervisors. The workshop included a short presentation on updates that would be made to the curriculum, including key inclusions in CanMEDs 2015, which will be reflected in the revised curriculum. The Chair of the then Curriculum Review Committee, along with a specialist medical educator, facilitated the discussion and a panel comprised of a trainee and two training supervisors assisted them. There was significant and enthusiastic involvement from the stakeholders, with suggestions noted and ultimately incorporated into a draft version of the Curriculum. Further feedback was invited from key stakeholders and the general membership in late 2016, prior to final amendments and its launch in February 2017. Following the development of the draft Curriculum, the document was circulated to a number of stakeholders, including ACSEP trainees, for final comments.

Trainees have been involved in the recent push for increased connectivity around trainee tutorials. The state trainee representatives have been working closely with the Registrar and Training Coordinator to ensure that technology is actively used, particularly for trainees who are geographically isolated and experience difficulty accessing face-to-face tutorials. Currently, the state trainee representatives are also working with the Registrar and Training Coordinator to establish a number of 'guest' tutorial sessions, which will provide extra education for trainees **(Appendices 7.2.1 A, 7.2.1)**

ACSEP understands the need for increased trainee input and is working to ensure there is trainee representation across ACSEP Committees and working groups where appropriate.

7.3 Communication with trainees

Accreditation standards

7.3.1 The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

7.3.2 The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

When addressing each of the standards, please include the following:

- **Outline the education provider's strategy for communication with prospective trainees. Describe how the effectiveness of the strategy is reviewed. Give some specific examples. [7.3.2]**

The College actively participates at medical career expos and in recent years, has sponsored the AMSA and AMA expos. The College also encourages fellows and trainees to present at careers events by university medical school. Opportunities to present at these events are circulated via email and in the College's monthly newsletter.

In 2016, ACSEP also supported the launch of the Sport and Exercise Medicine Student's Association (SEMSA). This group is comprised of medical students and allied health students with an interest in SEM. Originally a Victoria-based initiative, SEMSA have now expanded into NSW and QLD, and in the last two years, has significantly grown its membership base with plans for national growth. ACSEP has been a strong advocate for the group, providing discounted access to the ACSEP Annual Scientific Conference, sponsoring the 2017 SEMSA Conference and, upon request, speakers for its events. ACSEP is working with SEMSA to create a pathway for students interested in SEM to ensure that interested students are supported with ongoing information relating to their career paths **(Appendix 7.3.2)**.

In 2017, ACSEP launched its Student Membership category. This student category allows medical students to sign up as a member with ACSEP, providing them with member prices for ACSEP events, access to online education and keeping them abreast of College news via the newsletter.

Prospective trainees can also attend the Annual Registrars Conferences and Scientific Conferences. Information about the Training Program is available on the ACSEP website, and once prospective trainees contact the College, they are encouraged to become Associate Members who receive the College newsletter. To date, this has been quite effective in increasing Associate Member numbers and those applying for training posts. Costs related to all ACSEP programs and memberships are available on the ACSEP website.

- **Describe the mechanisms by which the views of the trainees are obtained and subsequently considered by the education provider. Give recent examples, including examples of changes made to the training program and requirements as a result of trainee input.**

The views of the trainees are obtained via a number of mechanisms:

- Through feedback collected by zone registrar representatives and communicated to the Head Registrar Representative who presents these views in the appropriate forums. A recent example of this occurred when a number of geographically isolated trainees voiced their concern at being unable to dial into interstate tutorials due to restrictions with technology (teleconference). With some tutorials taking place outside of the clinic, internet connectivity was a concern. Following these concerns, the Registrar and Training Coordinator discussed options with the trainees to solve their connectivity issues. The College decided to invest in devices (tablets), whereby the weekly tutorials could be filmed and uploaded to the College website. A certain amount of Wi-Fi bandwidth was also covered per state by the College to ensure recording could take place. Since its implementation earlier this year, these trainees have been able to access tutorials without issues, with the overall initiative being huge success **(Appendix 6.1.1 B)**.

- Through direct communications with the Registrar and Training Coordinator via email and the College's Registrar Facebook group. This group was specifically created for communication and sharing within the group. Employment opportunities such as event and team medical coverage are also posted here **(Appendix 1.1.5 C)**.
- Through the annual survey, which aims to collect feedback from trainees on training, supervision, College administrative support, fees and online resource issues. It also collects information on the overall experience of trainees. In 2017, trainees highlighted concerns about patient numbers. This feedback was also raised by the Registrar Representative at the Board level, which subsequently influenced the development of the Workforce Planning Working Group. Workforce planning continues to be a strategic priority for the College to ensure consistency in the quality of its training **(Appendix 1.1.5 A)**.

- **Describe the education provider's system(s) for providing information to trainees about training status and progression through requirements [7.3.3].**

Trainees meet with their Zone Training Coordinator every six months to discuss their progress and training. This is an opportunity for trainees to discuss any training issues, concerns and/or plans to resolve these issues. Trainees are required to provide an update on the status of their work-based assessments with their supervisors, which include demonstrations of practical skills, case-based discussions and mini-clinical examinations. Documentation of their status is maintained through the online learning environment (Learning Management System [LMS]). The Zone Training Coordinators report the progress of their Registrars to the National Office, which advises trainees on whether they have met the requirements of the previous six months of training. Areas of concern should be reported by the supervisor to the Zone Training Coordinator or to the National Office, which will then be communicated to the trainee **(Appendices 3.2.3, 5.1.1)**.

- **Identify other relevant strengths and challenges in relation to communication with trainees, plans for development and the processes for addressing the challenges, with examples.**

ACSEP's trainee cohort at 73, remains small compared to that of other medical colleges. The size of the cohort is a current strength as it allows the College to maintain close relationships with all trainees. The ACSEP Registrar and Training Coordinator is responsibility for all aspects of trainee portfolio and relationship management. The role provides professional and timely coordination of the ACSEP Training program from first year to graduation. The role includes:

- Assisting trainees with requests/ general enquiries related to their training, including online modules, monitoring and communicating course progress and resolving individual student issues
- Data entry of registrar records through the College's systems and other various administration and registrar-related duties
- Being the main point of contact for trainees regarding administration

7.4 Trainee wellbeing

> **Accreditation standards**
>
> 7.4.1 The education provider promotes strategies to enable a supportive learning environment.
>
> 7.4.2 The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

When addressing each of the standards, please include the following:

- **Describe the education provider's strategies to enable a supportive learning environment, including trainee health and wellbeing, ensuring availability of confidential support and complaint services; and facilitating education about, and identification, management and support for trainees who have experienced discrimination, bullying and sexual harassment. [7.4.1]**

- **Comment on trainee use of these services, their feedback on the range and quality of the services available,**

and any plans for change. [7.4.2]

The training structure contributes to a supportive learning environment by providing several layers of support for trainees:

- **First layer:** Each trainee has a Clinical Training Supervisor, which is often the closest relationship a trainee will maintain within the College.
- **Second Layer:** The Zone Training Coordinator who oversees progress through the Training Program and acts as a safety net for trainees. The ZTC may act as a sounding board for the trainee when raising any issues about their clinic, training requirements, health and wellbeing, and personal issues which may be affecting their training. The ZTC can provide advice and/or escalate issues if necessary. Each ACSEP trainee is encouraged to engage a mentor in their first year of training **(Appendix 6.1.1 B)**.
- **Third layer:** The mentor is generally independent of clinic and CTS. The mentor is available to guide the trainee through matters relating to training, studying, issues arising from personal conflict with supervisors and personal matters. While ACSEP does not have a formal mentoring program, it does collect information on trainee mentors, and makes trainees aware that the College is able to assist them with finding a mentor. A number of College fellows have also volunteered to be unofficial mentors to trainees and the wider Fellowship **(Appendix 8.1.1 p:15)**.
- **Fourth layer:** The Peer Support Group is a group of senior, experienced fellows who form one of the important pillars of the ACSEP Mental Health Plan. (appendices Mental Health Plan) They have been advertised to the membership and are willing to be contacted for impartial, personal advice on any matter **(Appendix 7.4.2)**.
- **Final layer:** The National Office staff as trainees form close relationships with these staff members. The relationships allow trainees to feel comfortable raising issues about their training environment, supervisors or other matters they may have.

In order to develop the skills of Clinical Training Supervisors, CTS' are required to complete e-learning modules that cover:

- Trainee wellbeing
- Identifying struggling trainees
- Strategies for helping trainees overcome difficulties
- Techniques and strategies for teaching

These modules are mandatory for all ACSEP fellows who act in any supervisory capacity and must be completed each CPD triennium.

The ACSEP also offers all its members, including its trainees, access to its Employee Assistance Program (EAP). The EAP, in partnership with Converge, offers members sessions with registered psychologists via telephone or in person – free of charge. Trainees are encouraged to access this service at any time of difficulty. The service is visible on the ACSEP website via the members secured section and has been advertised to the membership through the conference and monthly newsletter channels. New trainees are provided with pamphlets and additional information on the day of their College induction. Furthermore, in 2017, the College developed the ACSEP Mental Health Plan for fellows and trainees with leadership from the President. Supporting fellow health is paramount to ensuring they have the energy and motivation to support trainees during their training. It has been recognised that burnout from supervisors has can cause the training experience to be seen as a burden.

The ACSEP Bullying, Harassment and Discrimination Policy is available on the website for all members. In 2017, the Board also endorsed the College Equality and Inclusion Statement, which also appears on the College website.

The ACSEP acknowledges that discrimination, bullying and harassment can have a severe, damaging impact on mental and physical health outcomes for affected individuals, their families and communities.

The ACSEP strongly endorses equality and inclusion regardless of race or ethnicity, gender or sexual orientation, religion or disability in all aspects of life, in particular, education, employment, medical care, sport, relationships and marriage.

The College collects data on bullying, harassment and discrimination in the annual trainee survey. Findings in 2017 showed that 25% of respondents (50% return rate only) have experienced bullying, with most of these incidences from fellows. This was brought to the attention of the membership at the AGM and was received with surprise and disappointment. The Training Committee recommendations from the survey is to be reviewed by the Board for approval during the May Board meeting. These recommendations will then be communicated to the membership at the end of the May newsletter and also in direct emails to all registrars and fellows. ACSEP is looking into better methods for disclosure – from additional information in the next survey to continued highlighting of a zero-tolerance attitude. It is considering a campaign specific to SEM to encourage members to speak out when they witness discrimination, bullying or harassment and help embed the policy.

Feedback can be given during the performance reviews regarding a trainee's experience at a training practice. The college appreciates this does not necessarily provide a safe or inviting method for trainees to notify unacceptable behaviours on the part of their supervisors, and we believe this process can be improved.

In 2017, a trainee submitted a formal complaint of bullying by a supervisor. This was addressed by the Professional Standards Committee which engaged an executive member of another College. The report resulting from this process was unacceptable to the trainee (considered too narrow in scope as it addressed the situation around the complaint without extending the investigation). The Board reviewed the request to appeal the PSC outcome and engaged an independent medical human resource legal firm to review the initial process and outcome. The review found the process was diligent and thorough given the scope of the complaint. The decision made by the PSC was considered appropriate, an opinion endorsed by the Board **(Appendix 1.1.3 H)**.

The College regularly reviews the training environments and communicates with the clinics and respective supervisors in a manner as outlined above for the trainees. If issues are raised either through ZTCs or through the National Office, the College may request to visit the clinic and meet with the supervisor and trainee individually. If the trainee wishes to discuss issues confidentially, the College will honour their request and attempt to resolve the situation as requested.

As the EAP and Mental Health Plan are new initiatives, the ACSEP are yet to receive feedback on the range and quality of the services available. We believe this is a successful first step and will evaluate the effectiveness of these initiatives at the end of year through our annual surveys.

- **In regards to facilitating education about, and identification, management and support for trainees who have experienced discrimination, bullying and sexual harassment [7.4.1].**

All members are aware of the College's no-tolerance policy towards discrimination, bullying and harassment. The College's Bullying, Harassment and Discrimination Policy (Appendix 7.4.1) outlines behaviours that constitute bullying and harassment. Trainees are encouraged to contact their ZTCs or the National Office should they become concerned with issues during their training or within their training environments. ACSEP handles these issues in line with the College Grievance Policy and Procedure **(Appendix 7.5.2)**.

The College remains vigilant to such events. ACSEP recognises that identification is not easy, as it requires the matter being noticed or reported.

Experience, as is outlined in the medical and lay press, tells us that the perpetrator and victim may not realise that such an act has occurred, as the act is not conscious or intentionally harmful. It considers awareness at all levels (clinic, mentor, supervisor etc). With direction from the Mental Health Plan, it will take time to improve awareness, as self-reflection and shifts in attitude and behaviour need to occur over time.

7.4.2 The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

ACSEP trainees complete performance reviews with their Zone Training Coordinator every six months. Their progress is noted and discussed with strategies to rectify poor performance and improve deficiencies. Concerning comments by

the Clinical Training Supervisor are also discussed. These may include attitudinal, motivational, organisational problems impeding training or concerns regarding knowledge and clinical performance **(Appendices 3.2.3, 5.1.1)**.

Following failure of the Clinical Exam (which is very uncommon), the trainee is counselled and mentor and remediation strategies are implemented. In 2017, one trainee suffered significant emotional distress after his failure. He had regular discussions with the Censor-in-Chief who has continued to mentor him. This trainee engaged the EAP service – which is also offered to all members.

7.5 Resolution of training problems and disputes

Accreditation standards

7.5.1 The education provider supports trainees i addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.

7.5.2 The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

When addressing each of the standards, please include the following:

- **Describe how the education provider supports trainees to address problems with training supervision and requirements, and other professional issues [7.5.1 & 7.5.2].**

The College has a number of support mechanisms in place for trainees to address problems with training supervision and training requirements. If the trainee is unable to discuss these with their direct supervisor, their ZTC is the next point of contact. All issues are made known to the Registrar and Training Coordinator to make notes of. If the trainee is uncomfortable with raising issues directly with the College, the Registrar Representative can act as the conduit between the trainee and the National Office. This does not generally occur as trainees have felt comfortable approaching the College. Trainees are encouraged to contact the person they feel most comfortable with, whether this be the CEO or the trainee's mentor. Being a small college, we believe there should be no hierarchy to the safety net around the trainee. Recently, following an Accreditation Site Visit, a trainee made a complaint to the CEO. Following a request from the trainee, the issue was escalated to the Professional Standards Committee and the Board, and a review was conducted by an independent medical human resource legal firm following an appeal of the initial decision.

The trainee is encouraged to have a mentor, preferably not in the clinic they work in. The mentor is a source of advice and counsel and hopefully, reassurance in training, personal or professional issues.

- **Describe the pathways for resolution of disputes and how the education provider assures itself that these pathways are effective. [7.5.2]**

There are a number of informal and formal methods of dispute resolution. Due to the intimate nature of the college and the inherent familiarity, some disputes may be resolved by some minor mediation, i.e. a meeting with all parties to talk through smaller disputes, while others require more serious intervention.

Minor issues are generally raised directly by trainees to the National Office. Some trainees may request that a staff member speaks with their supervisor on their behalf.

For more serious issues regarding training supervision and requirements, and other professional issues, these are raised via College staff or the trainee's ZTC using the ACSEP Grievance Policy and Procedure. If issues are brought to light around supervision or professional requirements, the College will schedule an accreditation visit (outside of the accreditation cycle) to meet with all parties involved in the dispute. A report will ensue, with recommendations made for resolving the issue. Those involved are given a time frame to complete the suggested changes before further action is recommended **(Appendix 7.5.2)**.

For issues relating to professional behaviour, including discrimination, bullying and harassment, ACSEP requests that the

grievance is raised formally and submitted in writing to the ACSEP National Office, as per the updated Grievance Policy and Procedure.

Following this:

1. The Executive Committee and Chair of the Professional Standards Committee will be notified
2. The Chair of the Professional Standards Committee will send a letter to the person who the complainant refers, advising them of the allegation and asking them to cooperate in the investigation process.
3. Background information will be gathered by dedicated National Office administrative support.
4. Once this information is gathered, it will be brought to the Executive Committee for consideration and then brought to the Board's attention.
5. The Professional Standards Committee Chair will be briefed on the information gathered, and asked to prepare a report with recommendations to the Board.
6. The Professional Standards Committee will assess all information and make a decision based on all available information – after taking into account the complaint, responses and any other investigations that may have taken place.
7. The Chair of the Professional Standards Committee will prepare a final report with recommendations to the Board.
8. The Board will review the recommendations and execute them.
9. The Chair of the Professional Standards will write to all parties involved, setting out the decision and reasons for the decision.
10. If the complainant is not satisfied with the outcome of the decision, then they should direct their appeal to the Chair of the ACSEP Board.
11. The Board will consider the appeal and engage an external independent review of the case.
12. The outcome of the external independent review will be communicated to all concerned parties by the Chair of the Board and the President.

Given the outcome of a recent bullying investigation and the external independant review we are confident that this process is effective and meets the requirements of the College.

- **Identify relevant strengths and challenges in relation to resolving training problems and disputes, plans for development and the processes for addressing the challenges, with examples.**

ACSEP provides multiple layers of support for trainees. This is a strength that helps security feel comfortable enough to raising issues at a number of levels. The trainee has a Clinical Training Supervisor, Zone Training Coordinator and mentor in addition to daily support from the National Office. If issues are unresolvable, they can be raised directly with the Chair of Training.

For issues that cannot be resolved easily, the College has clear impartial pathways for resolution of issues via the ACSEP Grievance Policy and Procedure. A weakness of the current policy is that there are no specified time frames for resolution of an issue and therefore timeliness is not guaranteed. Policy simply states that "All grievances will be resolved within 60 days with constant communication between all parties involved". While ACSEP endeavours to resolve issues as soon as possible, ACSEP recognises that this is an unrealistic and unfeasibly long time frame for parties to be involved, and possibly forcing trainees to work working in an difficult situation. A further weakness in this process includes the small and close-knit nature of the College and the inherent familiarity. Training is provided in private practice, so negative interpersonal situations can arise where the trainee may not feel they have an outlet. There needs to be a more robust method of getting accurate feedback regarding a trainee's experience at a training practice - a compulsory feedback mechanism at the end of a post (where there is no possibility of recrimination) is being considered. This feedback will be used in the ongoing accreditation process.

Standard 8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and education roles

8.2 Training sites and posts

AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

April 2018

Standard 8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and education roles

Accreditation standards

8.1.1 The education provider ensures there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.

8.1.2 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.

8.1.3 The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.

8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees.

8.1.5 The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

8.1.6 The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.

Clinical supervision of Australasian College of Sport and Exercise Physician (ACSEP) trainees is mainly provided within the private medical sector. Central to the clinical supervision is the Clinical Training Supervisor (CTS). This is an ACSEP Fellow. The CTS supervises the trainee on a day-to-day basis, ensuring a high-quality training environment, conducting case reviews and providing supervised clinical training. The CTS assists the trainee with their annual training plan **(Appendix 8.1.1 A)**, identifying and remediating any knowledge or skill deficiencies, through organising mini workshops or referring to appropriate resource personnel or other resources. The CTS should also assist the trainee with finding placements with Clinical Training Instructors (CTIs) and 'in the field' requirements of the training program, including contact/collision sport coverage, event and international team/s coverage. The CTS must be familiar in the current Training Manual requirements to ensure the trainee achieves the requirements. The CTS should also be available to assesses the trainee during the training year on the mandatory formal work-based assessments – Mini-CEX, DOPs, CbD. The CTS should also provide lecturing support to the weekly registrar tutorial program. The CTS should also provide the Chair of Training and Zone Training Coordinator (ZTC) with six monthly trainee reports, and report any major concerns or deficits such as registrars' failure to comply with College professional standards / ethics, or failure to attend scheduled meetings, if and when they occur, and cannot be remediated by the CTS in thefirst instance **(Appendices 5.2.3 A - C, 3.2.3, 5.1.1)**.

For a certain number of hours per work, ACSEP trainees can be supervised by a fellow of another Medical College to broaden their training experience and networking opportunities. This can be in the form of general practice, orthopaedic surgical assisting or emergency department work. Trainees also work in the field providing supervised medical care to athletes, major events and international travel with teams. Trainees must also participate in weekly four-hourly tutorials. Participation in these is mandatory until they have completed their Part Two Examination requirements. Tutorial content is delivered in accordance with the learning outcomes in the curriculum. The Management of Sporting Trauma Course run by the College is also mandatory for all trainees in their first year of training to keep them up to date with 'on field' medical emergencies, equipment for such events, and knowledge of local help and triaging. Trainees also report to their ZTC, who are responsible for reviewing the trainees' progress every six months and should be available to discuss any issues and help plan for the next stages of training.

All trainees are required to seek out a mentor and the College provides assistance in matching trainees with mentors if requested. The mentor does not necessarily have to be a fellow of the ACSEP College but is required to have an understanding of the requirements for post-graduate medical specialist training **(Appendix 8.1.1 p:15)**.

Trainees must complete a research project and have a research supervisor. ACSEP provides research assistance to trainees via the National Office. The Research Officer's predominant role is to assist trainees with issues related to their research project. ACSEP has a Research Committee and the Research Supervisor, CTS, ZTC and the trainee can submit and enquire to the Research Committee. Then, the Registrar Research Coordinator will review the Research proposal for approval **(Appendices 3.4.4 B, 3.2.8)**.

It is a challenge to provide this training within the private sector – with the competing interests of running a business for the supervising fellow and providing time for the education requirements for the trainees.

8.1.2 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.

The training manual sets out the responsibilities of those that supervise an ACSEP trainee. All Clinical Training Supervisors have access to both the training manual and curriculum. All trainees are actively encouraged to discuss their training needs with their Clinical Training Supervisors and Research Supervisors.

The CTSs are central to the provision of the clinical supervision for trainees. ACSEP provides CTSs with access to Clinical Training Supervisor e-modules via the College's LMS. The objective of these modules is to upskill supervisors in the necessary skills required to supervise trainees. These modules include information on providing trainee feedback and dealing with trainees in trouble. The college also provides conference workshops (Train-the-Trainer) and feedback sessions for this group. Potential supervisors are strongly encouraged to attend these sessions and complete the e-modules prior to taking on a trainee. The e-learning modules are part of the mandatory CPD for the CTS.

The Training Committee, comprising of the ZTCs and the Practice Accreditors, regularly meet to discuss aspects of training. There is direct trainee input in this committee, through the Registrar Representative. Changes to training requirements are then reflected in the training manual.

The supervisors that remain active within the College and stay abreast of the changes to training requirements are best positioned to guide trainees. The College's challenge is to continue to engage Clinical Training Supervisors who are geographically isolated.

Feedback about the unsuccessful performance of trainees at the Fellowship Examinations is provided to the relevant trainee. They are then encouraged to discuss the results with their CTS. Fellowship examiners provide feedback on the standards and requirements to CTSs on an annual basis. There is content around examination expectations included in the "Train-the-Trainer" sessions.

8.1.3 The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.

Clinical Training Supervisors are all Fellows of the Australasian College of Sport and Exercise Physicians. Many of the Supervisors have had active roles on the Training Committee or various other college committees or working groups. Fellows can approach the College and express an interest in a supervisory role. They are strongly encouraged to complete the above-mentioned e-learning modules, attend the annual conference and complete the workshops/ meetings for the supervisors. The College then arranges for the accreditation team to carry out an accreditation visit. Both the College administration staff and the Training Committee can support supervisors. E-learning modules are accessible online and workshops and feedback sessions are held annually. Participation is encouraged through the ability to claim CPD points and in some cases, financial assistance to attend the annual conference.

The main challenge for ACSEP, is having enough supervisors and supervising practices to meet trainee demand. The requirements of a CTS are not financially rewarding, making the uptake difficult for supervisors in some locations. The financial remuneration of ACSEP's registrars is poor, which compounds the losses for a training practice. There is no prerequisite for supervisors to participate in training. The strength of the College is that it is small, agile and enthusiastic. Channels of communication are direct and easy, with College administration staff involved and committed. The framework and governance for the provision of training and the supervisory roles are clear and workable, while the College remains small. As it grows, the College will need to remain flexible and adapt to meet the challenges of the growing number of trainees. It has endeavoured to embed governance structures to help prepare for this.

Trainees have several avenues of recourse if they have concerns about their supervisor or the safety of their training. They can discuss the situation with their ZTC, mentor, the Training Committee via the registrar representative, or directly with the College National Office itself. If the situation cannot be resolved, then the College has a process, via the accreditation process of practices to review the practice's accreditation and ultimately remove the practice from being accredited or remove the CTS from this role. Trainees provide feedback to their ZTC on the effectiveness of their CTS and to their CTS on effectiveness of CTIs. This opportunity generally takes place at the six monthly interviews but also on a less formal basis at any time.

8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees

Trainees have a registrar representative who sits on the Training Committee and the College Board. Feedback from trainees is given at these two levels. Trainees have a formal meeting on an annual basis at the Annual Registrar Conference and meet for tutorials on a weekly basis, so there are many opportunities for trainees to provide feedback to their representative. Furthermore, each state has a registrar representative who reports directly to the College Registrar Representative regarding any state-based issues that may arise. There are also opportunities for trainees to provide feedback in the annual registrar survey, as well as via an optional feedback form available to trainees at the end of their training year **(Appendix 2.1.3 A)**.

If issue with supervisors do arise, the Chair of Training is informed and will then contact the supervisor. Feedback on the situation will then be provided to rectify an outstanding issue. If a situation is unable to be resolved, this will be escalated to the Board who will make a recommendation for a course of action. As the College grows, it will become necessary to have more specific supervisor professional development. This will provide challenges, such as balancing the demands on supervisors with their obligations to trainees and performance standard.

8.1.5 The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

ACSEP assessors are selected based on their attention to detail, professionalism and ethical integrity, ability to make impartial decisions in a consistent and fair manner, and commitment to maintaining standards of academic and clinical excellence within the College. This role is highly sought after within the College with many ACSEP Fellows volunteering their time to take part in ACSEP Examinations. Fellows generally stay on the Court of Examiners for many years (provided the Censor in Chief remains satisfied with their performance). ACSEP is aware of succession planning needs and continues to invite new fellows to be assessors.

There are three main and distinct areas where assessors tend to focus:

- Multiple choice question development (Entrance and Fellowship Examinations)
- Short answer question development
- Clinical examination.

All roles are overseen by the Board of Censors (BOC) and in particular, the Censor in Chief.

Specific education directed to the assessors varies according to these different roles. In general, however, all assessors are encouraged to complete the Examiners Module and attend workshops at the BOC's annual conference. All new assessors are primarily initiated by working with more experiences assessors, particularly in the case of the clinical examination where involvement requires a year of observation.

Specific sections of the examination are resourced with relevant instructions, e.g. multiple choice question writing guidelines, multiple choice question writing tele-workshop, and short answer question writing guidelines. Assessors involved with marking short answer question papers are given both guidelines and templates for marking. They develop more experience by peer contact, where questions can be asked and direct feedback can be given by more experienced assessors. The clinical examiners must attend a pre-examination workshop and preparation session the day before the examination. This session includes calibration exercises.

In 2019, the Examiners Module will form part of the mandatory CPD for members of the Court of Examiners (those Fellows involved in formative assessment).

8.1.6 The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

Following the Part Two Fellowship Examination (Clinical), trainees are encouraged to provide feedback on their examination experience. This feedback can include the trainee's feedback on the examination process and the examiners that examined them on the day. Further feedback is always provided through the trainee representative should anything else need to be discussed. Finally, trainees can provide direct feedback to the Board of Examiners, in written form. The College is constantly looking to improve ways to provide feedback across all College areas.

Assessors' scoring patterns are also benchmarked against other assessors. In the case of notable deviation, the assessor's performance is explored and areas of inconsistency are investigated. Effectiveness of assessors is also evaluated by informal peer review.

8.2 Training sites and posts

Accreditation standards

8.2.1 The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:

- applies its published accreditation criteria when assessing, accrediting and monitoring training sites
- makes publicly available the accreditation criteria and the accreditation procedures
- is transparent and consistent in applying the accreditation process.

8.2.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
- ensure trainees have access to educational resources, including the information communication technology applications, required to facilitate their learning in the clinical environment.

8.2.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.

8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:

- **applies its published accreditation criteria when assessing, accrediting and monitoring training sites**
- **makes publicly available the accreditation criteria and the accreditation procedures is transparent and consistent in applying the accreditation process**

The aim of ACSEP's accreditation process is to assess, monitor and guide the training practice and supervisors to provide the best training opportunities to ACSEP trainees. Practice accreditation requirements and guidelines are published on ACSEP's website. Practices wanting to be accredited can complete a provisional accreditation form **(Appendix 8.2.1 A)** and submit to the College for processing. This application form lets potential training practices review and address any areas that may need improving prior to applying for accreditation.

Broadly, ACSEP's policy for accreditation of training practices is to be committed to regularly conduct (every five years) inspections of accredited training facilities and personnel. This will ensure that the facility and personnel are adequate to deliver an appropriate standard and safety in training for ACSEP Trainees. The primary practice is accredited following the criteria below. Central to the practice accreditation is the CTS (personnel), who is responsible for clinical supervision of the trainees and provides the supervised training and facilities network for the trainee.

Appendix 1.1.5 B outlines the criteria for accreditation which include:

- The primary clinical practice offers comprehensive specialist sport and exercise medical care
- A fellow of the ACSEP is the Clinical Training Supervisor
- Provides training to ACSEP trainees according to the ACSEP training manual
- Provides a safe working environment for trainees
- Governance, safety and quality assurance
- Infrastructure, facilities and educational resources
- Training site staffing and supervision
- Education, training, teaching and learning opportunities
- Clinical support services and equipment to provide the specialty service
- Promotes and facilitates research opportunities
- Provides the networking opportunities for trainees to facilitate their 'on field' requirements of the training program
- Ideally, is multi-disciplinary

ACSEP reviews the policy on accreditation of practices every five years. The major change for 2018 is to assemble a team of practice accreditors – comprised of college administration staff and a selection of Training Committee members. This will help ACSEP provide both clinical and administrative input into the accreditation process and to ensure the standardisation of accredited practices. It also allows the team of accreditors to improve the accreditation process of the College and provide feedback to practices and potential CTS on the standard required to achieve accreditation. ACSEP has looked at the accreditation processes across the medical specialist education providers to formulate its own accreditation process that takes into account the specific training requirements for ACSEP trainees.

Site visits are necessary and invaluable. It lets the accreditation team see facilities first hand and allows face-to-face interaction and interviews with staff, supervisors and trainees. It also helps educate the accreditation team on the different practice set ups and allows for feedback on successful models for training practices, administration processes and areas of improvement. An example of the reports provided back to practices is available in **Appendix 8.2.1 B**.

Practices are given provisional accreditation for one year with a review at 12 months. If successful, they earn a further four

years of accreditation, totalling five years. ACSEP accredits the primary practice and CTS. The College manual ensures that the training of trainees is closely supervised during the first two years. The third and fourth-year trainees are encouraged to explore their working environments and can create new training environments in consultation with their CTS and ZTC, but remain under the supervision of their primary practice and CTS **(Appendix 5.2.1)**.

Monitoring of accredited primary practices occurs every five years but will occur earlier in response to direct feedback of trainees to their ZTC, training committee or practice accreditors. Conditions that would prompt a review of accreditation status would be the loss of the CTS, through severe illness or death, the closing or significant disruption of a primary accredited practice, concerns regarding bullying or exploitation of trainees.

All training practice accreditations are formally approved by the Board, following recommendation from the Practice Accreditation Working Group or the Training Committee. Any appeal of the accreditation decision is escalated directly to the Board for further advice on appropriate action.

The major challenge for ACSEP is to provide enough accredited primary practices, fulfilling the standards to meet trainee demand. Due to the unique requirements of ACSEP's training program, practice accreditation can no longer be left to the administrators of the College and requires a team of accreditors for the accreditation process.

- **Please provide the following information for the last five years. If relevant, break the information down by specialty and Australia and New Zealand:**
  - **the number of programs, sites, and/or posts reviewed by the education provider, and the accreditation decisions**
  - **the new posts/sites/or programs accredited for training**
  - **a summary of any unplanned or unscheduled reviews, the reason for them and the outcomes. [8.2.1]**

Since 2014, ACSEP has formally accredited 44 training practices (40 in Australia and four in NZ), almost all of these were first-time accreditations for these training posts. Established practices were fully accredited whilst seven new first year practices were given a provisional accreditation of 12 months to adjust to being a training practice and fulfil certain requirements (develop missing policies and procedures), before receiving a full five-year accreditation. There have been no unplanned or unscheduled reviews since 2014.

In 2018, the Practice Accreditation Working Group plans to accredit two new training practices and reaccredit seven training practices.

8.2.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

- **promote the health, welfare and interests of trainees**
- **ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner**
- **support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand**
- **ensure trainees have access to educational resources, including the information communication technology applications, required to facilitate their learning in the clinical environment**

ACSEP aligns its accreditation of practices and programs to the College training manual, curriculum and the key deliverables of the training manual. It is achieving high-quality and safe patient care through its primary practice accreditation process and supporting CTSs. It encourages new practices for meeting the criteria of practice accreditation. It also has looked at and supported training opportunities with fellows of other Colleges, such as RACGPs, Orthopaedics and Emergency Medicine.

ACSEP has published on its website its Equality and Inclusion Statement and launched its Reconciliation Action Plan **(Appendix 1.6.1 B)**. ACSEP Fellows are also required to complete two hours of cultural competency activities as part of their annual CPD requirements. In 2017 and 2018, ACSEP accredited two training posts that have Maori Fellows as Clinical Training Supervisors and are currently training two trainees in New Zealand. Our sole Pasifika Fellow is also a Clinical Training Supervisor in a well-established accredited training practice in Melbourne. Practices are encouraged to apply for Commonwealth STP funding (new since the last AMC accreditation) that increase training opportunities in diverse settings to enhance 'closing the gap' initiatives and have an increased focus on Aboriginal and Torres Strait Islander health. We currently have one Commonwealth-funded post that services the Aboriginal Health Service in Orange, New South Wales. It provides access to SEM services in regional remote locations and high-quality education opportunities that may not otherwise be possible in the private medical setting. Another funded STP post helps services the Aboriginal Health Service in Redfern, in inner Sydney, New South Wales. There are also plans for a further STP funded post to support an Injury Clinic for Asylum Seekers and Refugees in Western Sydney in 2018 **(Appendix 7.4.3)**.

Clinical and other SEM training experiences are largely provided within the private medical sector with Australia and New Zealand. Interestingly, medical schools are using SEM Physicians to update their musculoskeletal curriculums throughout Australia. This is a credit to ACSEP, that our Fellows are now recognised as having the tools to enhance the teaching and learning of medical students. Unfortunately, this has not been replicated within the public health system, mainly due to the incumbent traditional medical model of specialist training and subsequent employment of medical staff, being solely trained within the tertiary hospital setting. SEM Physicians are trained within the private community sector of medicine and are under recognised by their hospital trained specialist peers. SEM training could greatly be enhanced within a hospital setting, such as Emergency, Orthopaedic and Oncology. Fortunately, some Australian State Health jurisdictions are recognising that Sport and Exercise Physicians could have a role in delivering specialist Sport and Exercise Medicine services to the public hospital system and we have started to engage with them. For example, our SEM Scope of Clinical Practice developed with NSW Health was recently submitted for review by external stakeholders **(Appendix 3.4.4 A)**.

Within the community, there is widespread availability of training opportunities for ACSEP trainees and STP funding has helped some practices explore these training opportunities. Better understanding about the role of a Sport and Exercise Physician for primary care GP specialists would alleviate the need for a heavy reliance on the Orthopaedic community to provide services for MSK conditions that do not require surgery. ACSEP has developed a GP referrer guide on our public website to assist with increasing awareness of the role of Sport and Exercise Physicians in the greater medical community **(Appendix 2.1.3 C)**. ACSEP Fellows have made inroads into the sphere of workplace injuries, as there are many similarities between sporting injuries and occupational injuries. This continues to increase as an area that can provide high-quality training for ACSEP trainees beyond the sporting field. The same goes for the Defence Forces, with the military engaging more ACSEP Fellows to contribute to the selection of Defence Force recruits and provide treatment plans and advice to service men and women.

ACSEP assures itself that trainees are involved in high-quality clinical care through regular reporting by the CTS, ZTC of trainees, and the Practice Accreditation process. The Training Committee discusses the training program and what type of supervision is required as a trainee progresses through the training program. It provides training quality assurance to the College at both a macro and micro level, with a new governance structure in place to ensure the curriculum is of the highest standard and remains relevant to contemporary specialist Sport and Exercise Medicine practice. Regular meetings between the Chairs of Curriculum, Training, Education and Board of Censors, ensure the curriculum and training manual provides the governance for the requirements of the training program. They also ensure that the WbAs, online e-modules, and research and exam requirements set the benchmarks for attainment of knowledge, skill and application of evidence-based SEM.

It is a challenge to provide training, learning and assessment in the private sector. There is no financial reimbursement to a primary training practice unless it receives Commonwealth funding via the limited STP program, or new ACC funding model in NZ in 2018. ACSEP trainee financial reimbursement is poor in relation to peers, such as GP trainees. Most Australian training practices agree to trainee remuneration based on industry-wide benchmarks of percentage of income earned. Trainees derive MBS rebates in Australia according to non-VR GPs, which were set and not indexed since they're creation in 1991. This training program operates within the private sector of medicine, so has the added financial pressures of a business. Most training practices view a training position in their practices at a financial loss. The high quality of training relies heavily on their CTS and their local networking to provide training opportunities.

Workplace based educational resources include, but are not limited to:

A) The primary practice's textbook library

B) The primary practice's management guidelines for certain MSK conditions. For example, many of the multi-discipline practices have or are in the process of creating shoulder, arthritis, concussion and knee clinics with evidenced-based guidelines of these conditions published online.

C) Access to a computer with internet access at all primary, accredited practices

D) Access to the e-learning modules through the LMS on the ACSEP website

E) Access to the peer-reviewed journals, which can either be through their ACSEP membership subscription or affiliations with universities they are engaged with in their research

F) Access to research institutions through the research component of the ACSEP training program, along with ACSEP support through ACSEP's research committee and support personnel

G) The use of web-based technology and tutorial connectivity kits for teleconferencing tutorials for those in remote/rural areas.

The ACSEP Training Committee is developing policies and recommendations about the use of information and communication technology (ICT) for training, teaching and learning. For example, some tutorials are amenable to an 'online, teleconferencing style' and others need to be face to face. Some work-based assessments can be video recorded, such as case based discussion, but others require direct observation.

8.2.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.

Training mainly occurs in private, community-based settings. They work with sporting teams in various contract arrangements – both paid and unpaid. Australian trainees also derive income from surgical assisting (orthopaedics, sports trauma) in private hospitals. ACSEP is lobbying the Australian Federal Government for an increase in the current four STP and three IRTP posts allocated to registrars around Australia. This certainly helps both the trainees and Clinical Training Supervisors deliver the requirements of the ACSEP Training Program. In 2018, ACSEP signed a landmark deal with the ACC, which changed the required ACC supervision to fall in line with ACSEP's trainee supervision requirements. This has led to New Zealand being able to train more registrars through private practice and bill through the ACC, ensuring that trainees see a good number of patients from varying demographics and clinical presentations while also obtaining optimal supervision from ACSEP Fellows and other CTIs. The focus of this negotiation was purely about the registrar's training experience and to ensure New Zealand was able to develop quality trainees to address the workforce development issues that had arisen due to work demands. Therefore, the College is working closely with the ACC to assist with compliance requirements and each individual practice as all fellows agreed for an even distribution of funds. This ensures that those fellows who are supervising more junior trainees are not financially disadvantaged due to the reduction in the number of patients because of the increased supervision and instruction requirements. This model focuses on the trainees and the need for a focused and supported training environment. It requires a strong partnership between the supervising fellow and private practice, the College and the ACC **(Appendix 8.2.3)**.

8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

ACSEP's Training Program promotes cross-pollination of training opportunities for trainees, including General Practice, Orthopaedics, Emergency, Occupational, Military, Rural and Indigenous medicine. It also has close ties with contact and collision sports – both at a professional and amateur level.

ACSEP, through the President, regularly meets with the CPMC in Australia, and CMC in New Zealand, collaborating with other colleges to support common accreditation approaches. A small number of ACSEP Fellows are also fellows of other colleges and can provide ACSEP with relevant information.

Sport and Exercise Medicine was multi-disciplined long before it was recognised by the government as having a positive

effect on health outcomes. Many ACSEP training practices are multi-disciplinary, with learning opportunities arising from contact with physiotherapy, psychology, dietetics, podiatry, exercise physiology and medical specialities such as orthopaedics, and recently cardiology and psychiatry. The ACSEP continues to maintain close ties with multi-disciplinary education units, such as Sports Medicine Australia, Sports Medicine New Zealand, the Australian Physiotherapy Association and the New Zealand Physiotherapy Association.

Strengths and challenges

ACSEP's Training Practice Accreditation process requires broad engagement with the medical and support (reception/secretarial, allied health) staff at the relevant practice. Personnel at the practice are interviewed to ascertain their views on the strengths and benefits of being a training practice. Views that may be expressed include the fact that being a training practice ensures that training supervisors and allied health staff are aware of the necessity to remain up to date in relation to medical education. Support staff frequently enjoy the fresh perspectives that are brought to the work environment by trainee specialists. The accreditation interviews also give the clinical and support staff the opportunity to provide feedback on whether support service provision to training practices can be strengthened.

ACSEP's accreditation process also involves a confidential interview with the trainee. This is a pivotal interview to ensure that the registrar is seeing an appropriate patient load for his/her stage of training, and that there is suitable access to supervision and advice. It is also important for the accreditation team make sure the registrar is receiving the required allocation of protected teaching time and has adequate education resources (e.g. fast internet service to access library services and ability to dial into Zoom tutorials if appropriate).

ACSEP is a small specialist medical college. Accreditation teams recognise that registrars do not always feel comfortable articulating all concerns they might have regarding individual training practices. This is because it may be clear to the practice where any negative observations have derived from. However, accreditation team members emphasise that the process should be viewed as a positive one for training practices and registrars alike. The aim of the process is to facilitate enhanced training delivery at the practice, with the practice and its trainee/s confident that the ASCEP National Office, and the Training Committee are able to address concerns, if necessary.

Another challenge that results from being a small specialist college is that budgeting for accreditation requires careful management. Accreditation teams usually visit from interstate, so that the process is viewed as neutral (rather than local fellows accrediting neighbouring training practices). Where possible, accreditation visits are combined with other professional travel requirements, such as educational or conference visits to a city. However, at times, interstate travel for conducting accreditation is necessary. At present, ASCEP is reliant on the goodwill of fellows to be involved in accreditation with provision of travel and accommodation costs only (but no daily stipend). Accreditation team members are recognised for these visits, earning points for collegiality under ACSEP's Continuing Professional Development program **(Appendix 9.1.1)**.

Standard 9 Continuing professional development, further training and remediation

9.1 Continuing professional development

9.2 Further training of individual specialists

9.3 Remediation

AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

April 2018

Standard 9 Continuing professional development, further training and remediation

General comments:

ACSEP's CPD Program is based on a three-year cycle and operates on a calendar year from 1 January to 31 December of each year. The triennium includes minimum annual requirements (Appendix 9.1.1).

Participants must accrue a minimum of 50 CPD points each year and 150 CPD points across the triennium. In general, one-point equals one hour of CPD activity.

The CPD Program has three main categories with minimum hours noted:

Category 1: Collegial Interaction (30 hours which includes 10 hours of peer review)

Category 2: Audit of Medical Practice (10 hours)

Category 3: Teaching and Learning (10 hours)

In addition, two hours of cultural competency CPD activity is mandatory every year. The program runs on a triennial cycle and once every cycle there is a mandatory requirement for a resuscitation course and completion of an anti-doping course. Clinical training supervisors must also complete the four Clinical Training Modules per triennium.

Table 2 from CPD's Handbook (shown below) outlines the requirements that must be met to receive the Annual Statement of Participation and the Triennial Certificate of Continuing Professional Development for the 2017-2019 triennium. Fellows must submit an annual record of their CPD activities via the website CPD portal. The website provides the ability to store copies of original documentation for CPD activities, further mentioned below. The website also provides a CPD Manual outlining in further detail the requirements of each categories activities.

Table 2: ACSEP CPD Program Requirements

Category 1: Collegial Interaction	
Minimum requirement: 30 points per year *(10 points, peer review, 20 points, conferences & meetings)*	
Professional development area: peer review	**Minimum 10 points per year**
Peer review activities	**Number of points per activity**
Formal peer review group	1 point per hour
Practice visit for the accreditation of a training post (visited fellow)	
Practice meetings for the purpose of improvement in patient care	
Discussion groups	
360-degree multi-source feedback	
Workplace-based assessment of another fellow (i.e. mini-CEX)	

Regular practice review	10 points for a 1 day practice review (reviewed physician only)
Professional supervision	1 point per hour
Professional development area: conferences and meetings	**Minimum 20 points per year (note mandatory emergency management course once per triennium)**
Conferences and meeting activities	**Number of points per activity**
Conferences/Meetings	1 point per hour
Lectures, short courses, workshops	1 point per hour
Courses leading to a formal qualification (Diploma, Masters etc.)	1 point per hour Maximum 50 points per course
Emergency management course: e.g. BCLS, ACLS, EMST, MOST, MOST refresher, AFL Emergency Care Course, immediate care in rugby level 2 or 3 course (one of the above per triennium)	1 point per hour
Involvement in college committees (including a practice visit for training post accreditation)	1 point per hour
Promotion of SEM (e.g. careers forums, medical student or ACSEP registrar interviews)	1 point per hour
Visit to your GP	1 point per year maximum
Category 2: Audit of Medical Practice	
One audit per year (different audit needed for each year of triennium)	An audit = 10 points
Category 3: Teaching and Learning	
Minimum requirements: 10 points per year	**Mandatory: minimum of 2 hours cultural competence activity, ASADA Medical Support Personnel Anti-Doping Course once per triennium, completion of the four CTS modules for CTSs and CTIs once per triennium**
Professional Development Area: Teaching and reviewing	
General teaching	1 point per hour
Case-based teaching of registrars	1 point per hour
Clinical teaching of registrars	1 point per hour
ACSEP tutorial program presentation	10 points
Clinical teaching of external registrars or students	1 point per hour
Assessment of registrars: workplace-based assessment (DOPS, Mini-CEX, review of Registrar learning plans, monthly reviews)	1 point per hour

Clinical examiner duties	1 point per hour
Education sessions delivered to other health professionals	1 point per hour
Providing a peer review of a manuscript at the request of a journal editor	1 point per hour
Presentation or poster at a conference	5 points
Mentoring of a registrar	10 points
Being a reviewer for a whole day and regular practice review of another Sport and Exercise Physician	10 points
Professional Development Area: Research and Personal Learning Activities	**Number of points per hour**
Preparation of a professional development plan (including self-care)	5 points
Cultural competency activity – two hours mandatory each year (refer Section 12.1.1)	1 point per hour
Completion of ASADA Medical Support Personnel Anti-Doping e-learning module, or DFSNZ module (mandatory once per triennium)	1 point
ACSEP educational online modules	As per certificate; usually 1 point per hour
Academic modules	20 points per module
Reading journal articles to keep up to date with new evidence e.g. participation in journal clubs etc.	1 point per hour (5 points maximum)
Mental health e-modules	1 point per module
Reading MCNZ Standards for Doctors Statements	1 point per statement
Reading NZ Health and Disability Commissioner Code of Rights OR Australian Charter of Health Care Rights	1 point
First author publication in a peer-reviewed journal or book	50 points
Contributor to a publication in a peer-reviewed journal or book chapter	10 points
Educational article or paper	5 points
Editor or sub-editor of a peer reviewed journal	1 point per hour (10 points maximum)
Clinical Training Supervisor Modules (mandatory for all CTS to complete all four CTS modules once in each triennium)	1 point per module
Contribution to the development of education, training and resources	1 point per hour
Community service	1 point per hour (2 points maximum)

At present the CPD program is only accessible to Fellows of the College. This is because only ACSEP Fellows can practice as Sport and Exercise Physicians in Australasia. The CPD committee would review this as a priority should the MBA or MCNZ change their position on this requirement of registration.

ACSEP's CPD committee has representation at all meetings, workshops and discussions with the MBA, AHPRA and MCNZ on CPD. It responds with submissions to these regulatory bodies when feedback is sought. In addition, the CPD chair and ACSEP CEO attended the International Association of Medical Regulatory Authorities international conference in September 2016. The ACSEP also met with AHPRA in September 2016 as part of the Expert Advisory Group on Revalidation process and reviewed our CPD program in detail with AHPRA.

The CPD program has evolved since the last AMC accreditation in 2014, in response to both the growing evidence base for effective CPD and fellow feedback. The development of an effective CPD online portal for the recording and storing of CPD data and base records, which was launched just prior to the 2018-2020 triennium is a major development in the ACSEP CPD program.

Peer review has been a focus of continued evolution of the CPD program. A protocol for Regular Practice Review (RPR) has been developed and resources for this are available in the CPD handbook. RPR is being actively encouraged by the CPD committee and will likely be mandatory for the next triennium. Peer review groups continue to be actively encouraged by the College. CPD credit for peer review is now also available for fellows who undertake professional supervision, and such supervision is actively encouraged by the College.

The concept of "clinical audit" has been broadened to "audit of medical practice" in response to the needs of some fellows who are involved in non-clinical practice, such as medical education. Resources to guide with such auditing have been extensively reviewed and reworked in the CPD Handbook.

Cultural competence CPD activities have now been increased to a mandatory two hours annually, and more resources are outlined in the CPD Handbook. Two additional CPD committee members have also been appointed, whose portfolio on the CPD Committee is the development of cultural competence.

The strength of our CPD program includes the diversity of activities that can contribute to amassing points, including both compulsory and fellow-nominated activities. This allows for our diverse body of fellows to find activities best suited to their practice – whether clinical, administrative, educational or other. Recent implementation of the ACSEP web-based CPD logging system is a further strength of the ACSEP CPD Program, allowing for easy logging of documentation online.

There has been no external change that has necessitated a change in service delivery or model of care.

The main challenge facing the ACSEP in the next two years in the area of CPD relates to the integration of the Professional Performance Framework of the MBA into the CPD program, and how to reconcile this with the MCNZ requirements. The proposed annual number of hours for audit and RPR (25% each of an annual total of 50 hours) is at variance with MCNZ requirements (ten hours of audit, and ten hours of peer review but not mandatory RPR). The ACSEP has an RPR program as part of CPD, which was developed for the current triennium. It hasn't been widely used yet, but ACSEP plans to make this a compulsory component of the next triennium's CPD program, because of the evidence for this aspect of CPD. RPR carries significant logistical and funding challenges, especially for remote practitioners, which will need addressing. The development of cultural competence resources and activities remains a focus of the ACSEP looking forward to the next triennium.

Remediation and support for poor compliers remains a continuing challenge. It is a mandatory requirement in NZ for ACSEP to report non-compliers to the MCNZ. ACSEP looks forward to introducing mandatory reporting to AHPRA of non-compliers with CPD.

9.1 Continuing professional development

Accreditation standards

9.1.1 The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).

9.1.2 The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.

9.1.3 The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.

9.1.4 The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.

9.1.5 The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).

9.1.6 The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.

9.1.7 The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

9.1.8 The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

9.1.1 The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).

The requirements of the ACSEP Continuing Professional Development (CPD) Program are published and readily accessible. The program is summarised in the ACSEP CPD Handbook available on the ACSEP website for ACSEP members **(link available here)**. The handbook is attached to this submission as Appendix 9.1.1. It outlines in detail the CPD requirements for Sport and Exercise Physicians practising in the speciality of Sport and Exercise Medicine.

9.1.2 The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.

ACSEP actively monitors the requirements of both the Medical Board of Australia and the Medical Council of New Zealand in relation to CPD. ACSEP's CPD Program is designed to meet the requirements of both regulatory bodies and is modified as needed in response to changing requirements of both authorities.

ACSEP's CPD Program is overseen by the CPD Committee, which is supported by ACSEP staff to administer the program and to review policies, procedures and processes in response to initiatives of external stakeholders, with the overall aim of continuous improvement of the program.

ACSEP's CPD Committee keeps abreast of all developments in CPD – both for Australia and New Zealand, attending all relevant workshops, discussions and meetings for the regulatory bodies in both countries and adjusts the CPD Program to ensure full compliance with the MBA and MCNZ regulatory requirements. This compliance with the two regulatory bodies continues from the last AMC re-accreditation as an ongoing commitment to best practice CPD for the ACSEP.

The CPD committee meet regularly over the course of the triennium, and is in regular contact with ACSEP Fellows, ACSEP administration staff, and other ACSEP regulatory bodies. Feedback and advice from these parties is regularly provided to the CPD Committee, regarding issues or concerns with the CPD program. At the end of each triennium, the CPD program is extensively reviewed, with changes made as needed to reflect current evidence base and to ensure compliance with the evolving requirements of the regulatory bodies. Please refer to the general comments above outlining how the program has evolved since the last AMC accreditation.

The CPD program applies to Australian and NZ fellows, with no distinction according to which country a fellow works in, as the program complies with all of the regulatory requirements for both countries. This is in alignment with standards provided by both the MBA and MCNZ. The standards are available to all ACSEP members through the following links: The Medical Council of New Zealand (MCNZ) **(http://www.mcnz.org.nz/assets/News-and- Publications/Booklets/Continuing-Professional-Development.pdf)**, which requires that all vocationally registered medical practitioners satisfy the requirements of their College's CPD program and The Medical Board of Australia (MBA), which outlines the requirements for Australian medical practitioners in the Continuing Professional Development Registration Standard: http://www.medicalboard.gov.au/Registration-Standards.aspx. See also: **http://www.medicalboard.gov.au/Registration/Obligations-on-Medical-Practitioners.aspx.**

9.1.3 The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.

ACSEP's CPD Program requires participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in Sport and Exercise Medicine, and which meet the requirements of the MBA and MCNZ. This includes enabling activities relating to cultural competence, professionalism and ethics. These requirements are achieved in ACSEP's CPD Program through collegial interaction, audit of medical practice and direct teaching and learning activities. The CPD program is based on self-directed reflective learning within the framework of these clearly articulated CPD categories. Of note, the mandatory requirement for 10 hours of peer review annually has been embraced by the membership, particularly in the form of peer review groups, and provides opportunities to explore and maintain professional and ethical standards. Two hours of cultural competence activity is required each year.

9.1.4 The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.

ACSEP encourages and enables participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty. There is a wide scope for self-directed learning and reflection within the broad framework of the CPD activities. ACSEP does not "provide" or accredit CPD activities or providers. Rather it provides the framework for a fellow to undertake their own self-directed learning in the context of this learning structure.

A professional development plan is encouraged at the beginning of each year and this encourages fellows to complete a cycle of planning and self-evaluation of learning goals and achievements, with an element of goal setting and reflection. The professional development plan is not currently compulsory but ACSEP plans to make this a mandatory component of CPD for the next triennium in keeping with the proposed MBA Professional Performance Framework.

Practice audits completed as part of CPD requirements have provided an ideal opportunity for self-evaluation of current practice and identification of areas important for practice improvement and self-directed learning. The RPR component of the CPD program also offers a good opportunity for reflective practice.

9.1.5 The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).

ACSEP provides the framework for CPD to its fellows but largely avoids providing content. The CPD program allows for an extensive range of educational activities to be included when accruing CPD points. The majority of these points are accrued in activities unscripted by the College. The main areas in which ACSEP does provide educational content for its fellows are the annual ACSEP Annual Scientific Conference and the online educational content on its website provided via the ACSEP academic modules and ACSEP e-learning modules which are now available to all fellows. Included in these e-learning modules are the Clinical Training Supervisors Modules. This online educational resource is being constantly updated and expanded to include more areas of the curriculum. At present, all of the Sport and Exercise Physicians in Australasia are fellows of the College, and there has been no need to extend the CPD program beyond fellows of the College. Any extension of the program beyond the Fellowship would be in response to the AMC or MCNZ granting specialist (vocational in NZ) registration to a specialist in Sport and Exercise Medicine with equivalent international qualifications. ACSEP does not anticipate any major hurdles in this regard.

9.1.6 The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.

As discussed in 9.1.4 and 9.1.5, ACSEP's CPD program is primarily based on self-directed reflective learning, and as such does not directly provide or approve CPD activities for fellows (with the exception of the annual conference and modules as noted above in 9.1.5). It therefore has no need to use processes and criteria for assessing individual CPD activities and providers, other than detailed descriptions of each CPD activity as described in the CPD handbook. The College currently allocates CPD points to approved types of activities as per the CPD framework in the CPD Handbook based on a time allocation system. This framework was developed based on the best evidence on CPD, as published by AHPRA and MCNZ, particularly the extensive review recently published by the MBA (August 2017) (Final Report from the Expert Advisory Group on Revalidation). The content of learning for CPD activities is determined by individual fellows. This allows fellows to choose learning activities best suited to their practices, maximising the relevance of those activities to the fellows and allowing for a broader scope of learning activities than might otherwise be realised.

9.1.7 The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

ACSEP provides a web-based system for participants to document their CPD activity through the ACSEP Member Portal. This online portal has been extensively redeveloped for the current CPD triennium and is easy to navigate to enter CPD data and attach proof of compliance. Fellows are encouraged to store their base records on the portal. The portal is easy to navigate and can be easily accessed to enter data and base record storage from a smartphone. The CPD Handbook gives guidance to participants on the base records required to validate a claimed CPD activity, and advice is given on the retention of base records and the retention period.

9.1.8 The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

ACSEP actively monitors participation in its CPD program and regularly audits CPD program participant records. ACSEP undertakes an annual audit of nine per cent of participants and counsels participants who fail to meet annual and cycle CPD requirements, and has clear regulations that specify the possible consequences of failing to complete the

requirements of the program.

ACSEP undertakes two audits. First, an audit of CPD compliance, and second, a random audit of base records for claimed CPD activities.

The audit of compliance with CPD is an ongoing annual and triennial analysis of the data for successful completion of CPD.

The audit of base records is conducted in the month of May each year and is outlined below:

- 9% of CPD participants are randomly audited for proof of base records supporting claimed CPD activities each year, with 3% in each of the three CPD categories. The audit is generated by placing all Fellowship numbers in a random number program. The selected fellows are notified on 1 May of the following year, with a month to provide the appropriate documentation or base records to mirror entries on the CPD module on ACSEP's website.

- If not already on ACSEP's CPD portal, then these base records must be submitted electronically via the CPD portal by attaching each base record to the relevant CPD activity to which it relates.

- Audited fellows are required to provide evidence of only the minimum requirements of the CPD Program. Guidelines for base records requirements are available in ACSEP's CPD Manual. ACSEP staff and the CPD committee undertake these audits.

- Fellows who are flagged as non-compliant (high risk) will receive an audit in the year following the year of non-compliance as well as at least once more within the following triennium. These fellows audited are in addition to the 9%.

- Provided the fellow is found to be compliant on an audit they are not audited again for in the triennium.

- This internal ACSEP audit is separate from any audits that AHPRA or MCNZ independently undertake. If a fellow has been audited by ACSEP in one of the three categories and the outcome is successful, and that fellow is subsequently audited by AHPRA, a letter from the CPD committee will suffice as proof of successful participation in CPD for that activity that was audited. For a MCNZ audit, if a fellow provides MCNZ with a Statement of Participation it is anticipated that this will be sufficient proof of CPD for the MCNZ without the need for a more detailed audit by MCNZ.

- The ACSEP encourages fellows to complete their CPD requirements and offers prompt counsel to those who need it. If remediation is unsuccessful and participants fail to meet the cycle CPD requirements, there are clear regulations that specify the possible consequences of failing to complete the requirements of the program.

- Fellows who have not submitted satisfactory CPD activity for the previous calendar year are sent correspondence requesting reasons for non-compliance and outlining the CPD areas lacking. For those who have not responded, a second letter will be issued and sent requesting compliance within one month. College staff and/or a CPD committee member communicate to continued non-compliers by phone and written correspondence on or after this date.

- In this situation, non-compliant fellows will not get a Statement of Participation, but do have the possibility to 'catch up' during the current year. This means that they need to catch up on the deficit of the previous years' CPD activities, as well as completing all the CPD requirements of the current year. Provided they "catch up", they are still eligible to receive the Certificate of CPD compliance for the triennium.

- In the event that a fellow is or continues to be non-compliant at the end of the triennium with ACSEP's CPD requirements, the individual will receive correspondence notifying them that they are non-compliant. ACSEP will record the participant as non-compliant in its administrative system.

- A New Zealand fellow who is non-compliant will be notified to MCNZ. In Australia, at the end of the triennium,

a list of fellows who are compliant with CPD will be sent to AHRPA, as confirmation of compliance with CPD. ACSEP welcomes the proposed changes requiring mandatory notification to AHPRA of non-compliance with CPD.

- The notifications to MCNZ and AHPRA may have ramifications for a non-compliant fellow. A non-compliant fellow is considered as high-risk for being a 'poor performer'. This is a research-based understanding summarised in the Medical Board of Australia's Expert Advisory Group (**http://www.medicalboard.gov.au/News/Current-Consultations.aspx**). The medical boards consider poor performers as being high risk for medical error. The non-compliant fellow should expect to be contacted by their medical board. If so, the non-compliant fellow should expect that the medical board will scrutinise their CPD history and demand certain prompt changes in CPD compliance.

ACSEP CPD participation rates:

The recent implementation of the new ACSEP web based CPD program has enabled much easier and faster auditing of fellows CPD points. Prior to this, CPD points were logged on spreadsheets and submitted and calculated manually. The new system has enhanced compliance with completing the CPD program and logging information.

In 2015, 27 fellows (13% of the total number of fellows) were audited for base records. 100% were found to be have satisfactory base records.

In 2016, 22 fellows 15% of the total number of fellows) were audited for base records. 87% were found to be have satisfactory base records.

CPD for 2017 was due on 31 December. In the upcoming annual audit ,16 fellows (10% of the total number of fellows) will be audited for base records. Compliance numbers will be reported in the next annual AMC report.

Successful completion of CPD is monitored annually.

In 2015, 136 fellows (89% of the total number of fellows) successfully completed their CPD requirements.

In 2016, 121 fellows (83% of the total number of fellows) successfully completed their CPD requirements.

ACSEP is currently reviewing the CPD for ACSEP Fellows for 2017.

9.2 Further training of individual specialists

> **Accreditation standards**
>
> 9.2.1 The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

When addressing each of the standards, please include the following:

- **Outline the education provider's processes to respond to requests for further training of specialists in the discipline. Provide examples from the last three to five years. [9.2.1]**

The College has no formal process to respond to requests for further training of specialists in the discipline, outside the College Return to Practice after prolonged absence Policy **(Appendix 9.2.1)**.

If this request was made to the College, the Board of Censors would assess the request on a case-by-case basis, specifically:

- assessing the currency of the practitioner - work scope, frequency, level of experience, CPD compliance
- considering the specified performance concerns

- identifying the area/s of improvement
- formulating a specific learning plan - supervision, further education, e.g. modules, CPD, method of assessment and monitoring, duration
- defining ongoing performance monitoring

In the last five years, the College has not had any such requests. However, the College accepts that it should perhaps develop a policy for such an instance in the future, especially in light of the new Professional Practice Framework proposed by the MBA that will be implemented in 2020.

9.3 Remediation

Accreditation standards

9.3.1 The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

Remediation of underperforming fellows remains an ongoing challenge for ACSEP, and we understand that this challenge exists across many colleges. We believe that non-compliance to CPD is associated with underperformance and may place patients at risk. In addition, we believe that non-compliance to CPD may lead to secondary problems in how a doctor functions in the workplace, in particular with cultural sensitivities to patients and staff. We are also acutely aware that CPD non-compliance is not the sole predictor of underperformance and the ACSEP looks forward to the ongoing development of the Professional Performance Framework by the MBA, which will provide resources and guidance in this difficult area. As outlined in relation to Standard 9.1, ACSEP has a detailed system for managing compliance of participants with the requirements of ACSEP's CPD Program. In addition, ACSEP is aware of its responsibility and obligation to advise MCNZ of practitioners who do not meet the requirements of the program, or in relation to whom there are performance / competence concerns. ACSEP welcomes proposed changes to bring in mandatory notification of non-compliers in Australia.

Underperforming fellows are identified throughout the review of the completion of CPD requirements annually and also at the completion of each triennium. The annual random audit of base records further identifies underperforming fellows. The process is described above in Section 9.1.8.

ACSEP is in regular contact with the Fellowship reminding them of their CPD requirements and deadlines, and an annual timeline for contact and support of fellows who are underperforming. In October of each calendar year, an email is sent to all fellows reminding them of CPD requirements needed for the year. If a fellow does not submit a satisfactory CPD record by mid-February, a letter will be sent from the National Office to the fellow requesting reasons for non-compliance and outlining the CPD areas lacking. National Office will request that these are to be attained by 31 March. For those who have not responded, a second letter will be issued and sent on 1 April requesting the Fellow to comply by 30 April.

Up to this point, if fellows are proven to be compliant, they can receive the previous year's Annual Statement of Participation.

College staff and/or the CPD committee communicate to continued non-compliers by phone and written correspondence on 1 May. These fellows will not get a Statement of Participation but do have the possibility to catch up through this year.

If fellows are non-compliant for the previous year, they are flagged as high-risk and audited in the subsequent annual January audit cycle.

The CPD committee has a senior fellow as a member whose portfolio is to make contact with non-compliers and offer support and encouragement.

In the event that a fellow is or continues to be non-compliant at the end of the triennium with the College's CPD requirements, the individual will receive a formal letter notifying him or her that they are non-compliant. The College will record the participant as non-compliant in the College's administrative system and notify MCNZ if the Fellow practises in New Zealand. For Australian Fellows, ACSEP currently only notifies AHPRA of compliant fellows, but looks forward to

be able to notify AHPRA of non-compliant fellows in the future when regulations are changed enabling such action. Continued attempts at contact and support for these non-compliant fellows are made by the CPD committee and National Office. The College will always be supportive and try to help resolve any issues with CPD compliance through the National Office and CPD Committee. Non-compliant fellows who refuse all attempts at contact and support are referred to the ACSEP Professional Standards Committee for further attempts at remediation. Should the Fellow not engage in this process, or remain non-compliant in completing their CPD requirements, they will then be referred up to the Board with a recommendation from the Professional Standards Committee regarding the appropriate action to be taken. The ultimate decision regarding the non-compliant Fellow will be that of the Board.

In summary, ACSEP has a robust CPD program that can respond to the needs of the Fellowship, while ensuring excellent patient care that is developed, governed, audited and explained. We educate and engage with our fellows to ensure that it remains contemporary and relevant to current Specialist Sport and Exercise Physician practice. We support fellows who have non-clinical roles to ensure that they are CPD compliant through added activities and remediation. Indeed, the CPD Committee is always open to add requests by fellows regarding potential CPD activities that can be added to the ACSEP CPD program, provided that they align with the scope of Specialist Sport and Exercise Physician practice and the requirements of the regulatory authorities.

Standard 10 Assessment of specialist international medical graduates

Subheadings to be added

AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

April 2018

Standard 10 Assessment of specialist international medical graduates

10.1 Assessment framework

ACSEP assesses SIMGs in Australia and New Zealand who are seeking recognition of their qualifications, training and experience to satisfy requirements in Sport and Exercise Medicine by the MBA or the MCNZ. The process of assessment is overseen by the OTS Working Group, a working group of the Board of Censors.

The Terms of Reference of the Committee have been provided as **(Appendix 10.1)**.

For applicants assessed in New Zealand, ACSEP provides advice to the MCNZ in regards to the equivalent of a New Zealand trained doctor registered in the vocational scope – with an assessment that compares it to a FACSEP

Assessment of comparability/equivalence

The MBA Good Practice guidelines for the assessment of SIMGs were released in November 2015. The Working Group discussed these guidelines at length and as a result, developed a comprehensive application form to allow applicants to navigate their way through the application process easily. ACSEP continues to review its processes and requirements for SIMGs seeking recognition by the MBA or MCNZ and for those applying for recognition as Sport and Exercise Medicine Physicians in Australia or New Zealand.

ACSEP processes very small numbers of SIMG applications (2-3 per year) and as such, does not have a dedicated staff member allocated to this area. Via the College website, SIMGs are provided with details on the application process and the expected time frames for assessment as well as any associated fees.

In most assessments undertaken by the OTS Working Group, the outcome for the applicant is "partially comparable". The reason is that there are very few international institutions that offer a comparable training program. One of the more prominent determining factors is the absence of an exit examination (written and clinical), and so in most applications, there is often a requirement for SIMG applicants to complete the ACSEP Fellowship Examination before receiving recognition by ACSEP. In assessing a SIMG, the OTS Working Group looks for:

- The completion of a Sport and Exercise Medicine training program or equivalent
  - Completion of an exit examination
  - Length of training program (four years would be comparable to ACSEP's Training Program)
  - The equivalent is determined by aligning the ACSEP Curriculum Framework
  - Supervision documentation or similar completion of studies in biomechanics, research, nutrition, psychology and pharmacology
- Demonstration of an equivalent scope of practice such as clinical cases, sports coverage etc.
- Demonstration of compliance with Continuing Medical Education professional development in the area of Sport and Exercise Medicine

ACSEP's assessment processes reflect the requirements of both the MBA and MCNZ, which the specialist colleges use to assess the qualifications, training and experience of each individual applicant and their comparability/equivalence to a locally-trained specialist in the same field of practice – with the ACSEP curriculum and training program being the benchmark.

Area of Need Assessment

Currently ACSEP does not assess based on area of need, and only makes assessments on specialist recognition.

The MBA Good Practice guidelines state "The assessment of comparability is based on the professional attributes, knowledge and clinical skills expected of an Australian trained specialist in the same field of specialist practice".

Assessment format

The initial assessment of SIMGs is conducted as a paper-based process. The application and supporting documentation is received by the National Office and disseminated to the OTS Working Group. The working group will review the documentation and adjudicate the comparability of the applicant according to the pre-determined criteria. If further evidence is required, a representative from National Office will request this from the applicant and disseminate it to the working group. If they are required to clarify or expand upon elements of the application, the applicant will be invited to attend an interview with the OTS Working Group via teleconference. If the working group is still unable to reach a decision based on the assessment information, the application may sent to the Board of Censors for further input and recommendations.

Following the initial assessment, the SIMG may be required to complete further examinations in the form of written and clinical examinations. A period of supervision may also be required, which includes the successful completion of WbAs as determined by the supervisor of the SIMG.

10.2 Assessment methods Accreditation

10.2.1 The methods of specialist international medical graduates are fit for purpose.

10.2.2 The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

The College's processes for the assessment of SIMGs involves a paper-based assessment of their qualifications, training and experience. An interview component may also be requested of the candidate for further clarification on qualifications and experience. As described in Standard 10.1, the assessment of SIMGs for comparability/equivalence is based on the assessment of the applicant's specialist qualifications, combined with their experience in the specialty. This provides the applicant with a clear understanding about what is being assessed within their application.

Supervision requirements and assessment

As most applicants are deemed partially comparable, there is often a requirement to complete 12-24 months' worth of supervision under a FACSEP while they complete other requirements. This requires an applicant to seek out employment with a FACSEP within a private practice environment. Often due to visa restrictions, SIMGs are unable to work in such environments as FACSEP supervisors are not willing to take on the onerous responsibilities of 'sponsoring' an SIMG. In previous years when the College has attempted to assist with this, the immigration paperwork and subsequent financial responsibilities have simply been more than a FACSEP is willing to take on. This appears to be a barrier for SIMGs progressing to Fellowship status. Without external funding, there does not seem to be other practical ways to avoid this. In the instance where an SIMG is able to obtain sponsorship, such as securing a placement at the AIS, SIMGs are required to completed WbAs utilised in the FACSEP Training Program. These include case-based discussions, direct observation of procedural skills and mini-CEXs with the choice of assessment determined by their ACSEP supervisor. Following the completion of their supervised time, the supervisor is then required to provide a report to the OTS Working Group stating whether they believe the SIMG is satisfactorily operating at the level of a specialist Sport and Exercise Physician. ACSEP is currently working to turn this into a policy.

10.3 Assessment decision

Assessment Outcomes and Additional Requirements

The ongoing review of the ACSEP SIMG assessment processes is completed in line with the MBA Good Practice guidelines for the assessment of specialist international medical graduates. In line with this, the College has adopted the definitions set by the MBA for 'Substantially Comparable', 'Partially Comparable' and 'Not Comparable'.

It is particularly rare for an SIMG to be assessed as substantially comparable. However, in the instance that an SIMG is assessed as substantially comparable, the SIMG may still be required to complete the Exit Examination. The procedure for sitting and the pass criteria of the Fellowship examination are at the discretion of the BOC and the usual criteria applicable to local trainees may be waived. This is the largest summative assessment within the ACSEP Training Program and an excellent tool to assess clinical comparability to a locally-trained SEM Physician. For those SIMGs who are assessed as "partially comparable", they will generally be required to complete supervision and examination requirements, although the length of supervision required of the IMG will be unique to their application. Other requirements will be set as considered appropriate, based on the applicant's qualifications, training and experience. Currently ACSEP does not have a process for RPL for those who are assessed as "not comparable' compared to a locally-trained specialist in Sport and Exercise Medicine. For those deemed "not comparable", they have the option of completing the entire training program or continuing with building their CV for future assessment.

The previous standard sets out the requirements that an SIMG may have to complete in order to become eligible for Fellowship. The specific requirements an individual SIMG needs to complete are determined by the OTS Working Group following consideration of their paper-based assessment and possible interview. SIMGs are communicated with via the National Office in writing as part of the notification of their assessment outcome. As indicated in Standard 10.1, examination and supervision requirements may also be instated to ensure comparability towards attaining Fellowship.

Substantially Comparable: SIMGs are expected to have completed a 4-year training course at least. This should include Academic modules in the same categories as we require of our current trainees, i.e. Sports Pharmacology, Sports Psychology, Biomechanics, Sports Nutrition and Research Methodology. It is also expected that a log book of cases seen during the training period is kept. Supervisor reports should also be available for the duration of the course. Copies of formative assessments undertaken during the training and a summative exit examination with written and clinical testing should also be available. Suitable team and event coverage.

Partially Comparable: Has undertaken some, but not all, of the above. A particular stumbling block is the exit examination as many countries do not have this, nor do they have the scope of training.

Not Comparable: No comparable training, or very limited scope of training in SEM without the demonstrated features above.

Refer to **(Appendix 10.3)** for an example of OTS Assessment letter back to candidate.

Assessment outcomes and timeframes table

ACSEP does not have a dedicated business unit or independent staffing for the assessment of SIMGs. The Operations Manager and Administrative Officer share the responsibility of processing SIMG applications. In Australia, the College uploads Interim (Report 1) and Final (Report 2) assessment reports to the AMC portal as they are finalised. In the case of the MCNZ, the OTS Working Group will provide advice as soon as a decision on the assessment has been made.

The OTS Working Group is committed to ensuring that assessments are made within reasonable timeframes and applicants are kept informed of their progress.

10.4 Communication with specialist international medical graduate applicants

10.4.1 ACSEP provides clear and easily accessible information about SIMG assessment requirements and fees, and any proposed changes to them.

10.4.2 ACSEP provides timely and correct information to SIMGs about their progress through the assessment process and is actively developing infrastructure to further assist in this.

Information relating to the College's assessment of SIMGs in Australia and New Zealand is available on the **ACSEP website** and updated as required. ACSEP will schedule interviews with applicants on a needs-only basis and information around scheduled interview dates is communicated to SIMGs through the College representative. ACSEP has one assessment fee which is payable at the time of submission of an assessment. Additional fees may be incurred by the SIMG should they be required to complete examinations.

Applicants are provided with information as they progress through the stages of the assessment process and ultimately through to achieving the Fellowship status. This includes occasions when changes in existing processes are implemented. Furthermore, SIMGs are provided with the dates of written and clinical assessments to ensure that these can be prepared for and completed within the allocated timeframe.

Summary of strengths and challenges in relation to Standard 10

ACSEP is committed to ongoing improvement in the area of assessment of SIMGs in Australia and New Zealand. Despite the lack of dedicated resources, the College is confident in its processes in assessing whether SIMGs in both Australia and New Zealand meet the requirements of the MBA and MCNZ.

As ACSEP grows, there will be ongoing refinement of processes with plans to further develop the OTS Assessment Committee. ACSEP has a policy in draft format which is undergoing review by the OTS Working Group and Board of Censors.

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Reaccreditation Submission to the **Australian Medical Council** and the **Medical Council of New Zealand**

April 2018

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