AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

ACSEP ACCREDITATION HANDBOOK

GUIDE FOR TRAINING PRACTICES

Our Vision

is to provide world's best practice with regard to training, standards and research in the speciality of Sport and Exercise Medicine.

Our Mission

is to provide and promote excellence in the training and continuing professional development of Sport and Exercise Medicine Physicians in Australia and New Zealand

Version	Approved By	Date of Approval	Modifications
1.1	Accreditation Committee	22 May 2024	

ACSEP Accreditation Standards and Guidelines

Contents

ACSEP Accreditation Standards and Guidelines

Introduction

The Australasian College of Sport and Exercise Physicians (ACSEP) is accredited to train doctors in the specialty of Sport and Exercise Medicine by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ). ACSEP is responsible for delivering and managing training, education and on-going professional development of Sport and Exercise Physicians in Australia and New Zealand.

The majority of ACSEP training is delivered in private practice. The ACSEP accreditation process is in place to ensure all ACSEP practices wishing to host an ACSEP registrar are accredited against clear standards and guidelines. The standards and guidelines are comprised of agreed domains, standards and criteria developed by the Committee of Presidents of Medical Colleges (CPMC) and adapted to the unique ACSEP training environment.

The standards and guidelines are in place to ensure the health, welfare and interests of registrars are promoted, trainees have the appropriate knowledge, skills and supervision to deliver quality patient care and that accredited practices support a wide range of educational and training opportunities aligned to the curriculum requirements.

Governance

The ACSEP Accreditation Committee is responsible for accrediting practices against the ACSEP Accreditation Standards and makes recommendations to the ACSEP Board regarding accreditation outcomes.

Eligibility

Settings practicing Sport and Exercise Medicine that can provide ACSEP registrars with a minimum of 4 hours per week of Level 1 Supervision from an ACSEP Fellow are eligible to apply to become an ACSEP Accredited Training Practice.

During training, ACSEP Registrars may also train in diverse settings that are not required to undergo ACSEP accreditation including sporting teams, public and private hospitals, and private rooms in physiotherapy or General Practice clinics. For a Registrar to work within a non-accredited practice, they need to ensure they have suitable off-site supervision from an ACSEP Fellow.

Accreditation Process

Application for New Accreditation

1. Before applying for accreditation, Clinical Training Supervisors (CTS) should familiarise themselves with requirements by reviewing the following:
   - ACSEP Training Manual
   - ACSEP Accreditation Standards

2. Complete Application for ACSEP Training Practice Accreditation form and return this to nationaloffice@acsep.org.au.

3. ACSEP Staff will contact the practice to schedule the following interviews

Interviewee	Interviewer/s	Time Allocation	Modality
CTS	Accrediting ACSEP Fellow & National Office staff member	45 mins	On-site visit or via Zoom

| Practice Manager | National Office staff member | 30 mins | On-site visit or via Zoom |

4. The practice is asked to send through evidence (if available) of meeting accreditation standards, such as policies, procedures, employment templates, etc. outlined in ACSEP Accreditation Standards at least one week prior to the interviews.

5. Following the accreditation interviews and site visit (if applicable), the accreditation team will assess the practice against the standards to determine whether these have been **Met, Partially Met** or **Not Met.**

6. The draft report with the proposed accreditation outcome, including findings and recommendations will be sent to the relevant training practice and to the ACSEP Accreditation Committee for review prior to being tabled at the ACSEP Board meeting. The practice and committee will be given 10 business days to provide feedback or raise any concerns.

7. If concerns about the report are raised, these will be provided to the accreditation team for consideration.

8. A recommendation for an accreditation outcome will be provided to the ACSEP Board for approval at their next quarterly meeting.

9. The accreditation outcome and report will be provided to the clinic via email following the ACSEP Board meeting.

Reaccreditation of a Practice

1. Prior to the due date for reaccreditation, ACSEP Staff will contact the practice to schedule the following interviews

Interviewee	Interviewer/s	Time Allocation	Modality
CTS	Accrediting ACSEP Fellow & National Office staff member	45 mins	On-site visit or via Zoom
Registrar	Accrediting ACSEP Fellow & National Office staff member	45 mins	On-site visit or via Zoom
Practice Manager	National Office staff member	30 mins	On-site visit or via Zoom

2. The practice is asked to send through available evidence (if available) of meeting accreditation standards, such as policies, procedures, employment templates, etc. outlined in ACSEP Accreditation Standards at least one week prior to the interviews.

3. Following the accreditation interviews and site visit (if applicable), the accreditation team will assess the practice against the standards to determine whether these have been **Met**, **Partially Met** or **Not Met.**

4. The draft report with the proposed accreditation outcome, including findings and recommendations will be sent to the relevant training practice and to the ACSEP Accreditation Committee for review prior to being tabled at the ACSEP Board meeting. The

practice and committee will be given 10 business days to provide feedback or raise any concerns.

5. If concerns about the report are raised, these will be provided to the accreditation team for consideration.

6. A recommendation for an accreditation outcome will be provided to the ACSEP Board for approval at their next quarterly meeting.

7. The accreditation outcome and final report will be provided to the clinic via email following the ACSEP Board meeting.

Accreditation Outcomes

Following the accreditation process, the accreditation team will recommend an accreditation outcome to the ACSEP Board.

Provisionally Accredited (New Posts Only)

Provisional accreditation may be granted to practices following their initial accreditation for a period of 12 months. During this time the Accreditation Committee will check to ensure the clinic is delivering the training post and meeting the standards as planned. After 12 months, the clinic will be granted the outcome of Accredited (with or without conditions) or Not Accredited as outlined below. In the event that a training practice is Not Accredited, the practice will be provided with details of the reasons why this decision is being proposed and provided with an opportunity to respond prior to a final decision being made.

Accredited

Practices that are deemed to have Met all accreditation standards by the Accreditation Committee and ACSEP Board are considered Accredited.

Accredited (with conditions)

Practices that are deemed to have **Partially Met** accreditation standards by the Accreditation Committee and ACSEP Board are considered Accredited with Conditions. The practice will be provided with details of the reasons why this decision is being proposed and provided with an opportunity to respond prior to a final decision being made The practice will be provided with recommendations for how to fully meet the relevant standards. The College will monitor the practice's progress against meeting these conditions.

Not Accredited

If accreditations standards are deemed to be **Not Met** by the Accreditation Committee and/or the ACSEP Board, the practice will not be accredited. The practice will be provided with details of the reasons why this decision is being proposed and provided with an opportunity to respond prior to a final decision being made. The practice will also be provided with feedback and recommendations for how to meet the standards.

On-going monitoring and Review of Accredited practices

The standard accreditation cycle is five years. Accredited clinics will be required to undergo reaccreditation after five years.

Mid-cycle review

In the third year of a practice's five-year accreditation cycle, the Accreditation Committee will undertake a mid-cycle review of the practice. This involves sending a survey to current registrars at

the practice and the immediate past registrars at the practice to assess their satisfaction with the post and identify any potential issues. The Accreditation Committee will also review patient logbook numbers to ensure registrars are seeing a sufficient patient load to enable their training.

If issues are identified during the mid-cycle review the Accreditation Committee will contact the practice for a response initially and may undertake further investigations which could result in a change to the accreditation status of the practice. The Accreditation Committee may also escalate the issue to the ACSEP Training Committee or ACSEP Board, if required.

Out-of-cycle review

The ACSEP Accreditation Committee may receive information from other sources, including but not limited to, registrars, ACSEP Fellows or other ACSEP committees during an accreditation cycle which may raise concerns about registrars' safety and welfare or the practice's ability to meet accreditation standards.

If issues are identified out-of-cycle, the Accreditation Committee will contact the practice for a response initially and may undertake further investigations which could result in a change to the accreditation status of the practice. The Accreditation Committee may also escalate the issue to the ACSEP Training Committee or ACSEP Board, if required.

Changes impacting accreditation status

Accredited practices must notify the College if there are significant changes during their accreditation cycle which could impact their accreditation status, including but not limited to:

- Reduction in supervision capacity
- Relocation to another site or significant changes to facilities
- Significant changes in policies/processes that impact registrars' safety, welfare and/or training.

Revocation of Accreditation

The ACSEP Accreditation Committee and ACSEP Board may revoke accreditation at any time if there are concerns that a practice is not meeting accreditation standards. The practice will be provided with details of the reasons why this decision is being proposed and provided with an opportunity to respond prior to a final decision being made.

Appeals process for practices

Practices seeking a reconsideration, review or appeal of any decisions made regarding their accreditation as a training practice should refer to ACSEP policy *P019 Reconsideration, Review and Appeals Policy.*

ACSEP Accreditation Standards

Domain 1: The Practice promotes the health, welfare and interests of registrars		
Standard 1.1: Governance, safety and quality assurance		
Criteria	**Guidance**	**Examples of evidence**
1.1.1: There is a formal and structured orientation process for new registrars. *The practice provides registrars with an orientation to the practice and training post before they commence.*	Accredited practices must provide new registrars with an orientation. The orientation process could include: • Introductions to key practice personnel; • Discussions about the expectations of the practice with opportunities for registrars to ask questions; • Details of the formal/informal teaching and supervision provided; • Orientation to the practice layout, facilities and services; • Training in how to use the practice's software and IT system; • Information about any relevant multidisciplinary supporting services including allied health, imaging, pathology, emergency services, orthopaedics, other specialties/diagnostic services. • Provision of the practice's policies and procedures ; • Information about any additional support available for registrar.	• Orientation procedure documentation (e.g., procedure; checklists etc.) • Feedback from registrar/s • Description of orientation processes.

1.1.2: The practice provides safe and equitable work hours that allow registrars to meet the requirements of the ACSEP Training Program. *Registrars' roster should be consistent, with safe and equitable working hours that allow for structured tutorials, research activities, unstructured learning and reading.*	• Accredited practices must have a written agreement or employment contract with the registrar. • The rostering process must allow registrars to meet the requirements of the ACSEP Training Program whilst maintaining an appropriate work/life balance.	• Copy of the agreement/contract between the clinic and registrar • Example of registrar roster/appointment book covering a period of at least one month • Description of rostering process • Feedback from the registrar
1.1.3: The practice supports the workplace health, safety and welfare of registrars. *The practice provides a working environment that is free from discrimination, bullying or harassment, is both physically and culturally safe and supports the registrar's health and wellbeing.*	• Accredited practices must provide a safe workplace, with processes in place for identifying and managing health and safety risks. • Accredited practices <u>must</u> have a code of conduct or policy to prevent and manage bullying, harassment and discrimination. • The registrar is encouraged to see their own GP. • The social, family and cultural circumstances of the registrar are considered in relation to training activities.	• Copy of relevant policies and procedures relating to workplace safety/injury, disposal of biological waste/ sharps, emergency evacuation, cultural safety etc. • Copy of the bullying, harassment and discrimination policy or code of conduct. • Feedback from the registrar/s. • Confirmation of the registrar's external mentor. • Description of any other support services available to the registrar.
	Accredited practices must ensure that they provide culturally safe workplaces and services. The ACSEP Indigenous Health Advisory Committee recommends that practices institute the following measures: • Recognise and acknowledge traditional owners and local history. • Record ethnicity data as part of clinical practice. • Nominate a cultural advisor for the practice.	• Clinics are encouraged to share examples of any relevant initiatives.

	• Develop a plan to improve specific outcome/s for Indigenous patients • Develop a plan to increase numbers of Indigenous staff and contractors.	
1.1.4: The practice has effective registrar management structures. *The practice facilitates effective communication between supervisors, registrars and administrative staff and has processes in place to resolve any issues that may arise.*	• Supervisors are required to read the "ACSEP Registrar Performance Feedback Policy". • There are clear processes are in place for registrar/s and other staff to express any concerns and grievances. • Registrars are provided with regular informal and formal feedback.	• Documented or described process for raising and managing staff concerns or grievances. • Feedback from registrar regarding communication with supervisors and administration staff.
1.1.5: The practice has appropriate quality assurance processes in place with opportunities for registrar participation in governance. *The practice has strong clinical governance and quality assurances, supported by an ACSEP Fellow in the role of Clinical Training Supervisor. Registrars participate in governance and decision-making processes when appropriate.*	• Accredited practices must have processes in place for monitoring and reviewing adverse events with opportunities for registrar involvement. • Practices are encouraged to undertake quality improvement activities such as clinical audits, with opportunities for registrar involvement.	• Documented or described process for monitoring and reviewing adverse events. • Documented evidence of clinical audit and/or other quality assurance activities. • Description of registrar's involvement in quality assurance activities.
Standard 1.2: Infrastructure, facilities and educational resources		
Criteria	**Guidance**	**Examples of evidence**
1.2.1: Registrars have access to appropriate educational resources. *The practice ensures registrars have access to educational resources that support them in meeting the requirements of the ACSEP Training Program.*	• Registrars must be given time to attend weekly tutorials. • Registrars have access to a computer and internet to access the ACSEP online modules and attend online tutorials remotely.	• Registrar's diary or schedule showing that weekly tutorial time has been quarantined.

1.2.2: **The practice provides a physical environment that supports registrars.** *The practice has infrastructure and facilities that optimise registrar training.*	The practice has a high standard of cleanliness with adequate: • Reception and administrative support; • Space to conduct professional consultations; including washbasin, desk, examination couch, patient chairs etc.; • Facilities for the safe disposal of medical waste and sharps; • IT facilities including computer, monitor (with appropriate screen resolution for image viewing), internet access and software that allows remote access to records securely; • Facilities for secure destruction of confidential documentation; • Accessibility for supervisors/registrar interactions. • Accessibility for supervisors/registrar interactions.	• Inspection of facilities (in-person or via video link) • Feedback from Supervisors, administrators and registrars.
DOMAIN 2: The practice ensures registrars have the appropriate knowledge, skills and supervision to deliver quality patient care		
STANDARD 2.1: Practice staffing and supervision		
Criteria	**Guidance**	**Examples of evidence**
2.1.1: **The registrar is supervised by an ACSEP Fellow who meets the Clinical Training Supervisor requirements.** *Registrars should have access to a Clinical Training Supervisor at all times while training in an accredited SEM Practice. Supervisors understand their responsibilities and are supported in their supervisory role.*	The ACSEP Fellow meets the Clinical Training Supervisor (CTS) requirements, including: • Regular attendance at Peer Review Sessions; • Completion of ACSEP Clinical Training Supervisor eLearning Module; • Compliance with Continuing Professional Development requirements. • Knowledge of the ACSEP Training Program and curriculum.	• Supervisor's confirmation of involvement in Peer Review Sessions. • College CPD and LMS records. • Feedback from registrar and supervisor.

	• Communication with the Zone Training Coordinator.	
2.1.2: There are appropriate staff to ensure effective supervision of the registrar at all times in accordance with the registrars' year level of training. *The practice ensures registrars receive appropriate supervision when they are with a patient.*	• The registrar/s receive the amount of Level 1 CTS Supervision required for their year level (refer to the ACSEP Training Manual).	• Example of a supervisor's roster covering a period of at least one month.

STANDARD 2.2 The provision of clinical experience and work is relevant		
Criteria	**Guidance**	**Examples of evidence**
2.2.1: The practice provides the appropriate breadth and volume of clinical experience. *The practice provides an appropriate patient load and casemix for the registrar's level of knowledge and skills, progressing to more challenging patients as experience increases.*	• Registrar/s see an appropriate number of patients each day with a varied casemix. • The practice assists with marketing activities for the registrar, including an up-to-date profile on the website and opportunities for the registrar to promote their services and build their referral base. • The practice considers the need for continuity of care.	• Registrar's logbook. • De-identified ACC Billings (NZ Registrars).

DOMAIN 3: The Practice supports a wide range of educational and training opportunities aligned to the curriculum requirements		
STANDARD 3.1: Education, training, teaching and learning opportunities		
Criteria	**Guidance**	**Examples of evidence**
3.1.1: The practice provides registrars with education and guidance in relation to the fundamental competencies of the ACSEP curriculum, including professional attributes and non-academic skills.	Teaching time is quarantined and protected. Registrars are given feedback and guidance on all aspects of the curriculum, including non-clinical skills such as: • Communication skills	• Registrars' weekly schedule/roster with time quarantined for tutorials and teaching. • Description of the practice's approach to guiding registrars in fundamental competencies and key non-clinical skills.

	Collaboration and working as part of a team	Feedback from the registrar.
Clinical Training Supervisors provide registrars with advice, feedback and teaching, including regular case reviews and education sessions.	• Collaboration and working as part of a team • Leadership and management • Health advocacy • Research, teaching and learning • Professionalism • Cultural awareness and safety • Record keeping and dictation of letters • Ethical behaviour.	• Feedback from the registrar.

STANDARD 3.2 Multidisciplinary clinical support services and equipment		
Criteria	**Guidance**	**Examples of evidence**
3.2.1: Information on, access to and collaboration with relevant services and specialties to support the delivery of the specialty service. *Registrars have access to relevant multidisciplinary services and opportunities to experience learning in multiple settings.*	Registrars are provided with information on and access to multidisciplinary services, including opportunities to collaborate with and gain experience in different settings when possible. This may include: • Multidisciplinary case-based discussions. • Team care • Interaction and collaboration with other specialties. • Allied health educational activities. • Medical imaging meetings. • Surgical assisting.	• Description of multidisciplinary services available and the registrars' involvement with these.
3.2.2: Equipment is available to provide the specialty service *Appropriate up-to-date equipment specific to the specialty is available in the practice and registrars receive appropriate training on how to use equipment.*	• Registrars are provided with appropriate training on how to use equipment guided by specific, documented practice protocols.	• Description of equipment used at the practice (e.g., ultrasound machines, Extracorporeal Shock Wave Therapy machines, injection equipment etc.) • Practice protocols for using equipment • Description of registrar training on how to use equipment.

STANDARD 3.3 Research opportunities are promoted and facilitated		
Criteria	**Guidance**	**Examples of evidence**
3.3.1: The practice facilitates and supports specialty specific research activity. *Research is a key component of the ACSEP Training Program and accredited practices should help facilitate and support registrars to meet their research requirements, where possible.*	• The practice promotes and facilitate research opportunities for registrars • The practice is involved in research projects and/or supports specialty specific research activity by registrars. • The practice provides opportunities to the registrar to present research.	• Details of research and presentation opportunities available to registrars. • Feedback from the registrar.

Additional Requirements for Year 1 Registrars

ACSEP Registrars require some additional support in the first year of their training program. The ACSEP Training Committee requires Accredited Training Practices that train Year 1 registrars to meet the following requirements:

1. Provide a minimum of 32 hours per week (pro-rata for part-time) of Level 1 Supervision.
2. The registrar's minimum and maximum training time needs to be clearly outlined within their Annual Training Plan, acknowledged by the CTS and registrar for approval by the ZTC.
3. The registrar will need to have one non-clinical day per week (pro-rata for part-time) for teaching/tutorial time/research.
4. Provide the following supervision arrangements:
   - 1-2 Months – Level 1 Supervision – Registrar observes the CTS/CTI conducting consultations with the patient on a regular basis. The supervisor, at their discretion and according to their perception of ability of the registrar to undertake independent management of the patient and handover of the patient care.
   - 2-4 Months – Level 1 Supervision – CTS/CTI sits in with the Registrar as the Registrar conducts the consultations with the patient at the supervisor's discretion.
   - 3+ Months – Level 1 or 2 Supervision – Registrar conducts their own private consultations with the patient and, if necessary, confers with the CTS/CTI during/after the consult to discuss any queries

5. The CTS should have opportunities to sit in with the registrar.
6. **SUGGESTION:** The CTS watches the Contemporary Review of Best Practice Feedback (Webinar & One-page summary here) – 1-2 hours (Monash University);

- [Webinar](#)
- One-page summary of [Feedback Framework](#)

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