

EXECUTIVE SUMMARY

The Assessment of Applications for Recognition of Medical Specialties

The Australian Medical Council (AMC) manages a process for assessing applications for the recognition of medical specialties and sub-specialties. Recognition through this process signifies that a medical specialty or sub-specialty is developing in Australia in response to a demonstrable need for specialist medical services and that its development is in the best interests of the Australian community.

This recognition process results in advice to the Minister for Health and Ageing to assist in deciding which medical specialties will be recognised for the purposes of being listed in Schedule 4 of the Health Insurance Regulations, 1975 (*Health Insurance Act 1973* (Cth)). The process managed by the AMC also provides for applicants seeking recognition for other purposes. For example, organisations may wish to have specialist medical skills and knowledge acknowledged, and the education and training programs that lead to these attributes accepted as the standard for a particular area of practice without seeking recognition for the purposes of the Health Insurance Act. Recognition of such specialties results in inclusion in a separate List of Australian Recognised Medical Specialties and Sub-specialties, maintained by the AMC.

The Purpose and Structure of this Report

The Australasian College of Sports Physicians (ACSP) has sought the recognition of Sports and Exercise Medicine as a medical specialty in Australia. An application for recognition was received by the AMC in September 2005 and was formally accepted for assessment by the Australian Medical Council in November 2005.

This report and its findings – as formally adopted by the Recognition of Medical Specialties Advisory Committee (the Committee) – is an assessment carried out by an AMC Recognition Review Group (the Review Group) of the case for and against recognition of Sport and Exercise Medicine against criteria established in the Guidelines for Recognition, *The Recognition of Medical Specialties and Sub-specialties*. These are:

- Criterion I that the recognition of Sport and Exercise Medicine as a medical specialty would improve the safety of health care;
- Criterion II that the recognition of Sport and Exercise Medicine as a medical specialty would improve the standards of health care;
- Criterion III that the recognition of Sport and Exercise Medicine as a medical specialty would be a wise use of health resources.

These criteria, in turn, are broken down into a series of sub-criteria, against which the claims of the applicant body are tested. These sub-criteria are found in the Guidelines and at the head of each relevant section in the report.

Assessment of the Application by the Australian Medical Council

The Review Group assessed the application received by the ACSP in accordance to the process set out in the Guidelines.

The application from the *Australasian College of Sports Physicians* (ACSP) for the recognition of Sport and Exercise Medicine was submitted to the AMC during September 2005. At the Committee's request, the ACSP resubmitted the application with substantial revisions in November 2005.

At the recommendation of the Committee, the AMC at its November 2005 Annual General Meeting appointed a Recognition Review Group to undertake a full assessment of the case for recognition. In December 2005, the revised application was posted in the public domain. Public submissions on the case were invited. In total 55 submissions were received and posted on the AMC website by the nominated closing date, 2 February 2006.

The Review Group first convened in November 2005 to consider the application and develop an assessment program. The Review Group deemed it necessary to seek additional information from the applicant on a range of matters. With the additional assistance of the Recognition of Medical Specialties Economic Sub-committee, a series of questions was drafted and sent to the applicant.

The Review Group convened a second meeting in March 2006, to consider further the application in light of the additional information and the public submissions. At this meeting, a program of clinical site visits and stakeholder consultations was drafted. The clinical sites selected allowed the Review Group to interview a mix of Fellows of the ACSP, GPs with a special interest in Sports Medicine, and medical practitioners from cognate disciplines, such as Rehabilitation Medicine and Orthopaedic Surgery. Stakeholder consultations were also held with various relevant organisations, including the Royal Australian College of General Practitioners, Sports Doctors Australia, the Australian Diagnostic Imaging Association and the Australian Association for Exercise and Sport Science (Exercise Physiologists).

In all, 18 sites across Sydney, Melbourne, Brisbane and Canberra were visited, and a total of 55 medical and health professionals were interviewed by the Review Group. The information gathered from this program proved important to the eventual findings of the group.

The Review Group submitted its assessment to the Committee for consideration at its July 2006 meeting. The ACSP also received a copy of the assessment and submitted comments to this meeting. The Committee deferred making a recommendation to the AMC on the case pending further work by the Review Group on a number of issues. Of particular concern to the Committee was the likely economic implications of recognition. It requested that the Review Group undertake a more detailed analysis of the case with particular reference to Criterion III (Wise Use of Resources).

After completing the additional analysis, with the assistance of the Economic Sub-committee, a revised assessment was presented to the Committee for consideration at its October 2006 meeting. The ACSP was again invited to provide comments.

The Committee formally adopted the assessment report and presented its recommendations to the Annual General Meeting of the Council in November 2006. The report that follows has been formally adopted by the AMC and provides the basis for its confidential advice to the Minister for Health and Ageing.

Comment on the Report Findings

In producing this report, the Review Group drew upon information from the written and oral submissions of the applicant body, the published literature, public submissions, and information gathered from stakeholder consultations and an extensive program of clinical site visits.

The Review Group has also had to draw extensively on its own research resources to assess the case. The information and evidence provided by the applicant body to support claims has not always been presented in a systematic or judicious manner.

The case for recognition against the three criteria (and associated sub-criteria) is presented in *Sections 4, 5 and 6* of this report respectively. A summary of the Review Group findings are to be found at the conclusion of each section. A close reading of the assessment reveals that, whilst the findings are generally favourable, there are a number of militating factors that require attention.

In producing the report, the Review Group has endeavoured to support its arguments with the best evidence available in line with the principles of evidence-based policy. Where anecdotal evidence is used, it is identified as such, and utilised in an illustrative rather than demonstrative manner.