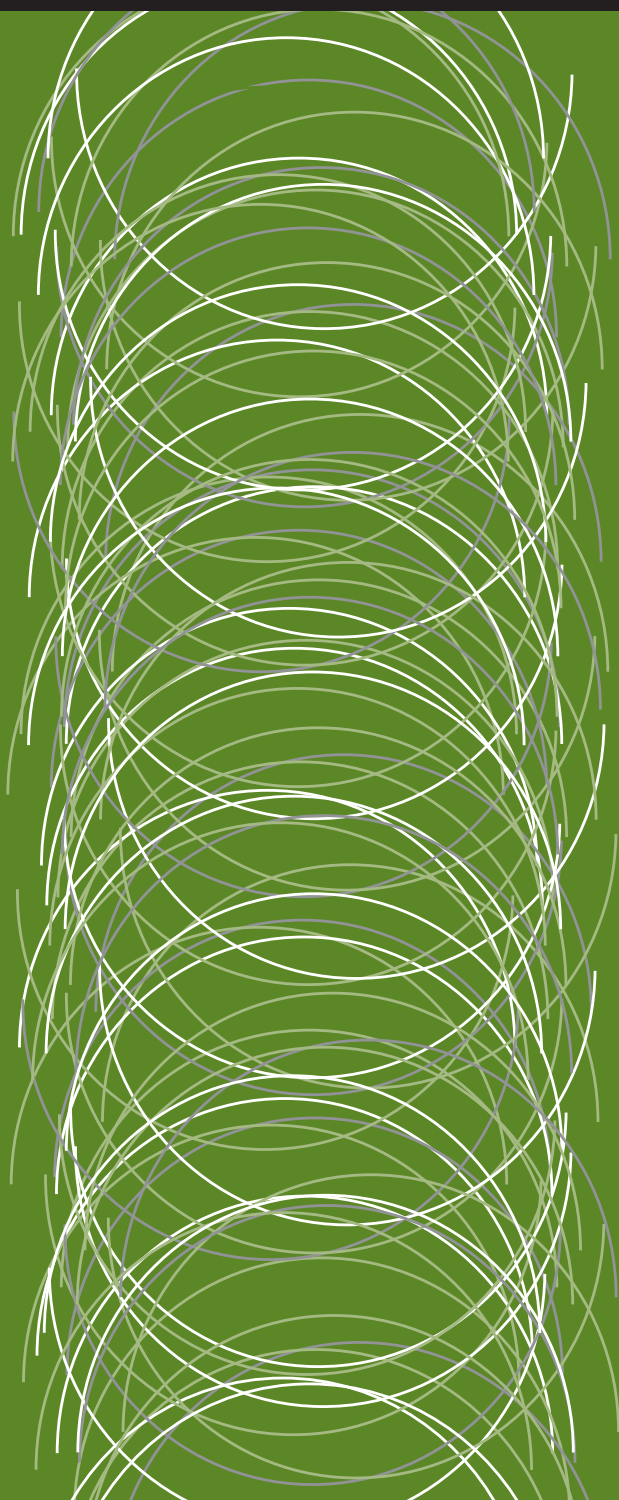


Australian Medical Council Limited

Accreditation Report: The Training and Education Programs of the Australasian College of Sport and Exercise Physicians

AMC



Specialist Education Accreditation Committee
November 2018
AMC Report provided to Medical Board of
Australia and Medical Council of New Zealand

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Executive Summary: Australasian College of Sport and Exercise Physicians

The Australian Medical Council (AMC) document *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2018*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

In August 2018, an AMC team completed a reaccreditation assessment of the specialist medical program, which leads to the award of fellowship of Australasian College of Sport and Exercise Physicians (FACSEP), and the continuing professional development programs of the Australasian College of Sport and Exercise Physicians (ACSEP).

The 15 November 2018 meeting of the AMC Specialist Education Accreditation Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the accreditation decision made by the 17 December 2018 meeting of the AMC Directors and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of the Australasian College of Sport and Exercise Physicians substantially meet the accreditation standards.

The team found that the College's training program delivers specialist sports and exercise medicine training of high quality that equips its trainees to undertake independent specialist practice.

The 17 December 2018 meeting of the AMC Directors resolved:

- (i) That the Australasian College of Sport and Exercise Physicians' specialist medical program and training and continuing professional development program in the recognised specialty of sport and exercise medicine are granted accreditation for six years until 31 March 2025, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.
- (ii) That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified progress report as set out below.

Standard	Conditions	To be met by:
Standard 1	1 Develop a systematic approach to engaging a broader range of local and national stakeholders in educational governance functions, including the development, delivery and evaluation of the curriculum and assessment. (Standard 1.1.5)	2021

Standard	Conditions	To be met by:
	2 Revise the Reconsideration, Review and Appeals process to ensure that it clearly articulates the detailed process for review and reconsideration, including ensuring independence of decision making, and communicate this to trainees and other relevant parties. (Standard 1.3.1)	2019
	3 Ensure there is a sustainable model for the medical components of the curriculum, following the curriculum review by working with local health sector bodies to increase training opportunities in public and community settings. (Standard 1.6.1)	2022
	4 Develop a mechanism to share learning across training practices on how to develop partnerships with other medical practitioners (including medical subspecialists), allied health professionals and organisations to improve the quality and consistency of exposure of trainees to exercise medicine. (Standard 1.6.4)	2020
Standard 2	5 Review the program and graduate outcomes to appropriately balance the sports and broader exercise medicine components, taking account of community needs and the training opportunities available. (Standards 2.2 and 2.3)	2020
	6 Document graduate outcomes addressing Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health within the context of the specialty's scope of practice to enable the College to meet its purpose. (Standards 2.1.2, 2.2 and 2.3)	2020
Standard 3	7 Improve the quality of the content and the consistency of delivery of curriculum components related to cultural competency and safety in both Australia and New Zealand, taking account of Medical Council of New Zealand guidelines and developing partnerships with stakeholders that have experience in this area. (Standards 3.1.9, 3.1.10 and 3.1.11)	2019
	8 Develop and implement a policy on recognition of prior learning. (Standard 3.3.2)	2021
Standard 4	Nil	
Standard 5	9 Develop a policy and process describing when and how employers and the regulator/s will be informed if a trainee's performance in assessment gives rise to patient safety concerns and share this with trainees, supervisors and assessors. (Standard 5.3.4)	2019

Standard	Conditions	To be met by:
	10 Implement guidelines to ensure there is equity of access to exam preparation, avoiding any real or perceived unfair advantage. (Standard 5.4.1)	2020
	11 Develop formal calibration processes for assessors of workplace-based assessments, the Part 2 Examination short answer question paper, and the Clinical Examination. (Standards 5.4.1 and 5.4.2)	2019
Standard 6	12 Develop a documented, systematic framework for monitoring evaluation and feedback activities that inform the quality improvement and curriculum renewal processes, which includes evaluation data from trainees (performance, experiences and outcomes) and feedback from stakeholders including consumers. (Standard 6.1)	2019
	13 Develop standards for evaluation and systematically analyse qualitative and quantitative data on program and graduate outcomes to provide assurance and identify options for improvement. (Standard 6.2.2)	2020
	14 Develop a framework for the systematic reporting of results from monitoring and evaluation activities through College governance and administrative structures. (Standard 6.3.1)	2019
	15 Share evaluation and outcomes data with stakeholders systematically, to inform program renewal. This is particularly important in the early stages of the curriculum review to inform discussions on the program outcomes (and continuing professional development content) related to broader exercise medicine aspects of specialty practice. (Standard 6.3.2)	2019
Standard 7	Nil	
Standard 8	16 Develop and implement a process to provide supervisors with meaningful and regular feedback on their performance, including their use of workplace-based assessments and tutorial presentations. (Standard 8.1.3)	2020
	17 Develop and implement a systematic, documented process for monitoring training sites between five-yearly accreditation visits. (Standard 8.2.1)	2020
Standard 9	18 Develop a process for reporting fellows who do not comply with continuing professional development requirements to the Medical Council New Zealand. (Standard 9.1.2)	2019
	19 Develop a policy and process for remediation of fellows who are identified as underperforming. (Standard 9.3)	2019

Standard	Conditions	To be met by:
Standard 10	20 Publish a comprehensive policy for assessment of specialist international medical graduates that meets the requirements of the Medical Board of Australia and the Medical Council of New Zealand. (Standards 10.1.1, 10.2.1 and 10.2.2)	2019
	21 Publish comprehensive instructions / guidelines for initial applications by specialist international medical graduates on the College's website. (Standard 10.1.3.)	2019

This accreditation decision relates to the College's continuing professional development program and its specialist medical program in the specialty of sport and exercise medicine.

Next steps

Subject to appropriate progress towards meeting conditions and submission of progress reports, in March 2024, the College may submit a comprehensive report for extension of accreditation. The report should address the accreditation standards and outline the College's development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to March 2029), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings against accreditation standards for specialist medical programs

The findings against the ten accreditation standards are summarised below.

The commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards. Conditions set by the AMC so the College meets accreditation standards are listed in the accreditation decision and are provided below for completeness.

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The context of education and training				This set of standards is SUBSTANTIALLY MET
<i>governance</i>	<i>SM</i>	<i>educational resources</i>	<i>M</i>	
<i>program management</i>	<i>M</i>	<i>interaction with health sector</i>	<i>SM</i>	
<i>reconsideration, review appeals</i>	<i>SM</i>	<i>continuous renewal</i>	<i>M</i>	
<i>educational expertise</i>	<i>SM</i>			

Commendations

- A The extensive update of governance structures over the past two to three years, including moving from a Council structure to a skills-based Board resulting in clearer, well-functioning governance arrangements with a clear focus on education and continuing professional development. (Standards 1.1.1, 1.1.2 and 1.1.3)
- B The College's updated website, which is comprehensive, easy to navigate and valued by members. (Standard 1.5.1)

Conditions to satisfy accreditation standards

- 1 Develop a systematic approach to engaging a broader range of local and national stakeholders in educational governance functions, including the development, delivery and evaluation of the curriculum and assessment. (Standard 1.1.5)
- 2 Revise the Reconsideration, Review and Appeals process to ensure that it clearly articulates the detailed process for review and reconsideration, including ensuring independence of decision making, and communicate this to trainees and other relevant parties. (Standard 1.3.1)
- 3 Ensure there is a sustainable model for the medical components of the curriculum, following the curriculum review by working with local health sector bodies to increase training opportunities in public and community settings. (Standard 1.6.1)
- 4 Develop a mechanism to share learning across training practices on how to develop partnerships with other medical practitioners (including medical subspecialists), allied health professionals and organisations to improve the quality and consistency of exposure of trainees to exercise medicine. (Standard 1.6.4)

Recommendations for improvement

- AA Add a lay/ community member to Board membership to bring an additional and specific community perspective, for example, external sporting organisations or support groups. (Standard 1.1.5)
- BB Strengthen collaborations with other external bodies such as Leaders in Indigenous Medical Education Network and with other colleges, focusing on enhancing the College's capacity to develop curricula content and core policies. (Standard 1.1.4)
- CC Delay the review of the curriculum to allow benchmarking, systematic evaluation of outcomes and community needs to facilitate early feedback from stakeholders to guide changes rather than as part of the final consultation process. (Standards 1.1.5, 1.7.1, 2.2, 2.3 and 6.3.1)
- DD Develop contingency plans for trainees' reliance on surgical assisting for aspects of the curriculum to sustain their training. (Standard 1.6.3)

2. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
<i>educational purpose</i>	<i>M</i>	<i>graduate outcomes</i>	<i>SM</i>	
<i>program outcomes</i>	<i>SM</i>			

Commendations

- C The College's commitment to working with national Indigenous health and education groups and, the recent progress in forming an Indigenous Health Committee to ensure that it effectively addresses Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand, and their health. (Standard 2.1.2)
- D The development and implementation of a Reflect Reconciliation Action Plan, which is a significant achievement in which the College should take pride. (Standard 2.1.2)

Conditions to satisfy accreditation standards

- 5 Review the program and graduate outcomes to appropriately balance the sports and broader exercise medicine components, taking account of community needs and the training opportunities available. (Standards 2.2 and 2.3)
- 6 Document graduate outcomes addressing Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health within the context of the specialty's scope of practice to enable the College to meet its purpose. (Standards 2.1.2, 2.2 and 2.3)

Recommendations for improvement

Nil

3. The specialist medical training and education framework				This set of standards is SUBSTANTIALLY MET
<i>curriculum framework</i>	<i>SM</i>	<i>continuum of training</i>	<i>SM</i>	
<i>content</i>	<i>M</i>	<i>structure of the curriculum</i>	<i>M</i>	

Commendations

- E The well-structured and comprehensive curriculum framework that aligns clearly to the program and graduate outcomes. (Standard 3.1.1)

Conditions to satisfy accreditation standards

- 7 Improve the quality of the content and the consistency of delivery of curriculum components related to cultural competency and safety in both Australia and New Zealand, taking account of Medical Council New Zealand guidelines and developing partnerships with stakeholders that have experience in this area. (Standard 3.1.9, 3.1.10 and 3.1.11)
- 8 Develop and implement a policy on recognition of prior learning. (Standard 3.3.2)

Recommendations for improvement

- EE Reduce detail in medical areas that have low correlation with everyday practice, especially when sport and exercise medicine physician management would not usually be expected. (Standard 3.1.5)
- FF Develop and implement ways to better support trainees who are transitioning to fellowship to develop skills in the setting up and running of a practice. (Standard 3.1.5)
- GG Increase emphasis on teaching skills, particularly in the context of the peer-led approach to the educational modules, which are a core part of the curriculum. (Standard 3.1.7)

4. Teaching and learning (teaching and learning approach; teaching and learning methods)				This set of standards is MET
approach	SM	methods	M	

Commendations

- F The immersive practice-based training that includes learning from working in multi-professional teams and with related medical specialists. (Standard 4.2.1)
- G The high quality online learning modules for trainees and fellows that provide teaching and learning of topics related to the program outcomes and supporting supervisor training. (Standard 4.2.2)
- H The development of a Tutorial Connectivity Kit that has enabled synchronous teaching and learning for trainees in remote locations to participate in tutorial sessions held in larger centres. While some challenges remain, trainees reported that it has improved their training experience. (Standard 4.2.3)

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- HH Implement reliable technology to ensure sessions are reliably available for all trainees, there is greater sharing of materials and standardisation of tutorial delivery. (Standard 4.2.2)

5. Assessment of learning				This set of standards is SUBSTANTIALLY MET
<i>approach</i>	<i>M</i>	<i>performance feedback</i>	<i>SM</i>	
<i>methods</i>	<i>M</i>	<i>quality</i>	<i>SM</i>	

Commendations

- I The assessment protocols are comprehensive, clearly documented and aligned to the current learning outcomes. (Standard 5.1.1)
- J There is a good mix of assessment methods, including a clearly specified range of workplace-based assessment tools used for formative assessments in clinical practice and very clear documentation describing the format of the examinations. (Standards 5.1.2 and 5.2.1)
- K The multiple-choice questions components for both the Part 1 and Part 2 Examinations use sophisticated statistical analysis and take a best practice approach to standard setting. (Standard 5.2.3)

Conditions to satisfy accreditation standards

- 9 Develop a policy and process describing when and how employers and the regulator/s will be informed if a trainee's performance in assessment gives rise to patient safety concerns and share this with trainees, supervisors and assessors. (Standard 5.3.4)
- 10 Implement guidelines to ensure there is equity of access to exam preparation, avoiding any real or perceived unfair advantage. (Standard 5.4.1)
- 11 Develop formal calibration processes for assessors of workplace-based assessments, the Part 2 Examination short answer question paper, and the Clinical Examination. (Standards 5.4.1 and 5.4.2)

Recommendations for improvement

- II Document the assessment of all workplace-based assessments (not just those that have been passed) to ensure the six-monthly review includes oversight of all of the assessment of the trainee in the workplace. (Standard 5.2.1)
- JJ Consider whether the supervisor could select the patient and topic for some workplace based assessments. This would allow at least some of these formative/hurdle assessments to be less predictable for the trainee and more closely reflect routine medical practice, which includes initial consultations with undifferentiated patients. (Standard 5.2.1)
- KK Develop a multi-source feedback tool as an integral part of Team and Event activities. (Standard 5.2.1)
- LL Report to governance committee/s and trainees on the adherence to the protocol for early feedback. (Standard 5.3.1)
- MM Consider reassessment on the same topic of unsatisfactory Mini Clinical Evaluation Exercises or Direct Observation of Procedural Skills to address gaps in knowledge and skills development. (Standard 5.4.1)
- NN Formalise the process by which the Research Committee reviews unpublished research. (Standard 5.4.1)

6. Monitoring and evaluation				This set of standards is SUBSTANTIALLY MET
<i>monitoring</i>	<i>SM</i>	<i>feedback, reporting and action</i>	<i>M</i>	
<i>evaluation</i>	<i>SM</i>			

Commendations

- L The College's responsiveness to informal feedback from trainees and fellows. (Standards 6.1.2 and 6.1.3)

Conditions to satisfy accreditation standards

- 12 Develop a documented, systematic framework for monitoring evaluation and feedback activities that inform the quality improvement and curriculum renewal processes, which includes evaluation data from trainees (performance, experiences and outcomes) and feedback from stakeholders including consumers. (Standard 6.1)
- 13 Develop standards for evaluation and systematically analyse qualitative and quantitative data on program and graduate outcomes to provide assurance and identify options for improvement. (Standard 6.2.2)
- 14 Develop a framework for the systematic reporting of results from monitoring and evaluation activities through College governance and administrative structures. (Standard 6.3.1)
- 15 Share evaluation and outcomes data with stakeholders systematically, to inform program renewal. This is particularly important in the early stages of the curriculum review to inform discussions on the program outcomes (and CPD content) related to broader exercise medicine aspects of specialty practice. (Standard 6.3.2)

Recommendations for improvement

- OO Develop an alternative approach, for example a minimum caseload approach to monitor patient exposure across training sites. (Standard 6.1.1)
- PP Develop a risk management framework with clear processes and responsibilities for identifying and monitoring risks across the committees. The Board's risk register could be simplified so that the focus is more on higher risk and less well controlled risks. (Standard 6.3.4)

7. Trainees				This set of standards is MET
<i>admission policy and selection</i>	<i>M</i>	<i>trainee wellbeing</i>	<i>M</i>	
<i>trainee participation in provider governance</i>	<i>M</i>	<i>resolution of training problems and disputes</i>	<i>M</i>	
<i>communication with trainees</i>	<i>M</i>			

Commendations

- M The College actively promotes trainee wellbeing and support for trainees in a variety of forms, with clear lines of feedback and communication that is well received by trainees. (Standard 7.4)
- N The College is very supportive of flexible training in a range of circumstances. (Standard 7.4.2)
- O The College has dealt proactively, seriously and independently with bullying and interpersonal concerns in a way that was appreciated by Supervisors and trainees. (Standard 7.5)

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- QQ Increase the weighting used in the selection process to encourage recruitment of trainees from Aboriginal and Torres Strait Islander and/or Māori backgrounds and those with an interest in working in rural areas. (Standards 7.1.2 and 7.1.3)
- RR Include cultural leave within policies relating to leave and/or flexible or interrupted training to demonstrate a commitment to including Aboriginal and Torres Strait Islander, and Māori trainees, and to cultural diversity more generally. (Standard 7.1.3)
- SS Articulate the allocation of training site selection after the first year to be transparent. (Standard 7.1.4)
- TT Improve documentation about payment and financial expectations to prospective trainees. (Standard 7.1.4)

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is SUBSTANTIALLY MET
<i>supervisory and educational roles</i>	<i>SM</i>	<i>training sites and posts</i>	<i>SM</i>	

Commendations

- P Supervisors' commitment to training in a private practice setting and their efforts in developing relationships across the health sector to support trainees to gain exposure to the breadth of the curriculum. (Standard 8.1.1)
- Q The College mentoring policy that supports each trainee to have a mentor who does not have any direct supervisory role or relationship with them. (Standard 8.1.1)
- R Addressing the potential conflict of interest between Clinical Training Supervisor and Zone Training Coordinator roles by assigning interstate/inter-regional Zone Training Coordinators. (Standard 8.1.1)
- S The use of standards and a template for the accreditation of sites to ensure a transparent and consistent approach. (Standard 8.2.1)

Conditions to satisfy accreditation standards

- 16 Develop and implement a process to provide supervisors with meaningful and regular feedback on their performance, including their use of workplace-based assessments and tutorial presentations. (Standard 8.1.3)

- 17 Develop and implement a systematic, documented process for monitoring training sites between five-yearly accreditation visits. (Standard 8.2.1)

Recommendations for improvement

- UU Consolidate the various aspects of the Clinical Supervisor role that are included in different sections of the Specialist Training Manual into a single, comprehensive role description. (Standard 8.1.2)

9. Continuing professional development, further training and remediation				This set of standards is SUBSTANTIALLY MET
<i>continuing professional development</i>	<i>SM</i>	<i>remediation</i>	<i>M</i>	
<i>further training of individual specialists</i>	<i>M</i>			

Commendations

- T The significant improvements in clarifying continuing professional development requirements and providing online recording and resources, which was spoken of highly by many fellows. (Standards 9.1.1 and 9.1.4)
- U The robust process to monitor and follow up fellows who are not meeting continuing professional development requirements. (Standard 9.1.8)

Conditions to satisfy accreditation standards

- 18 Develop a process for reporting fellows who do not comply with continuing professional development requirements to the Medical Council New Zealand. (Standard 9.1.2)
- 19 Develop a policy and process for remediation of fellows who are identified as underperforming. (Standard 9.3)

Recommendations for improvement

- VV As part of the curriculum review, consider how continuing professional development could provide opportunities to develop more in-depth medical knowledge in related areas and/or broader scopes of practice in exercise medicine. This may help focus the specialty program on core graduate outcomes. (Standard 9.1.3)
- WW Engage with national and local stakeholders to update the continuing professional development content on cultural competence and safety. (Standard 9.1.3)

10. Assessment of specialist international medical graduates				This set of standards is NOT MET
<i>assessment framework</i>	<i>NM</i>	<i>assessment decision</i>	<i>SM</i>	
<i>assessment methods</i>	<i>NM</i>	<i>communication with applicants</i>	<i>M</i>	

Commendations

- V The recent work towards meeting the Medical Board of Australia and Medical Council of New Zealand requirements for assessment of specialist international medical graduates and benchmarking with other colleges. (Standards 10.1.1, 10.2.1 and 10.2.2)
- W The inclusion of a fellow who has gone through the specialist international medical pathway on the Overseas Trained Specialist Committee. (Standard 10.1.1)

Conditions to satisfy accreditation standards

- 20 Publish a comprehensive policy for assessment of specialist international medical graduates that meets all the requirements of the Medical Board of Australia and the Medical Council of New Zealand. (Standards 10.1.1, 10.2.1 and 10.2.2)
- 21 Publish comprehensive instructions / guidelines for initial applications by specialist international medical graduates on the College's website. (Standard 10.1.3.)

Recommendations for improvement

- XX Include a community/lay member on the Overseas Trained Specialist Committee, in line with best practice as detailed by the Medical Board of Australia. (Standard 10.1.1)
- YY Include a member on the Overseas Trained Specialist Committee who is able to provide advice on Medical Council of New Zealand guidelines. (Standard 10.1.1)

Introduction: The AMC accreditation process

1.1 Responsible accreditation organisation

In Australia, the *Health Practitioner Regulation National Law Act 2009* (the National Law) provides authority for the accreditation of programs of study in 14 health professions, including medicine. Accreditation of specialist programs is an essential element of the process and is required before the Board established for the health profession can consider whether to approve a program of study for the purposes of specialist registration. Under the National Law, an accreditation authority is authorised to accredit programs in each profession against approved standards.

Programs and their providers are assessed against accreditation standards, which the National Law defines as standards used to assess whether a program of study and its education provider provide graduates with the knowledge, skills and professional attributes necessary to practise the profession in Australia.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges to provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

1.2 Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council*.

These accreditation standards are structured according to key elements of the model for curriculum design and development, and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

The relevant standards are included in each section of this report.

1.3 Assessment of the programs of the Australasian College of Sport and Exercise Physicians

The AMC first assessed the education, training and continuing professional development programs of the Australasian College of Sport and Exercise Physicians (ACSEP) in 2008. The 2008 assessment resulted in accreditation of ACSEP's programs for the maximum period of six years, until December 2014, subject to a follow-up assessment in 2011.

In 2011, an AMC team completed the follow-up assessment of the College's programs, considering the progress against recommendations made by the 2008 AMC assessment. The AMC confirmed the College's accreditation until December 2014.

In 2014, the College submitted a comprehensive report to the AMC seeking extension of accreditation. In a comprehensive report, the AMC seeks evidence that the accredited college

continues to meet the accreditation standards and information on plans for the next four to five years. If the AMC considers that the college continues to meet the accreditation standards, it may extend the accreditation. On the basis of the comprehensive report review, the AMC found that the ACSEP met the accreditation standards, and extended the accreditation until 31 March 2019, taking accreditation to the full period of 10 years.

Between accreditation assessments, the AMC monitors developments in education and training and professional development programs through progress reports. The College has provided progress reports since its accreditation in 2008. These reports have been reviewed by a member of the AMC team that assessed the program, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. Through these reports the AMC has been informed of developments in the College's educational strategy, and education and training policies and programs. The AMC has considered these reports to be satisfactory.

In 2017, the AMC began preparations for the reaccreditation assessment of ACSEP's programs. The Specialist Education Accreditation Committee appointed Associate Professor Caroline Clarke to chair the 2018 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

Below is a summary of the steps followed in this assessment:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by approved accreditation standards: the training pathways to achieving fellowship of the Australasian College of Sport and Exercise Physicians; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided at Appendix One.
- The team met on 17 and 18 May 2018 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed overseas-trained specialists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met by teleconference on 16 July 2018 to finalise arrangements for the assessment.
- The team conducted site visits in Queensland, New Zealand, New South Wales and Victoria in July 2018. The AMC held teleconferences with trainees and supervisors in South Australia, Western Australia, Australian Capital Territory and Tasmania.

The assessment concluded with a series of meetings with the College office bearers and committees from 31 July to 3 August 2018. On the final day, the team presented its preliminary findings to College representatives.

1.4 Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia and New Zealand who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix Two. Summaries of the program of meetings and visits for this assessment are provided at Appendix Three.

Section A Summary description of the Australasian College of Sport and Exercise Physicians Program

A.1 The Australasian College of Sport and Exercise Physicians

Formed in 1985, the College is the peak professional body for training in the medical specialty of sport and exercise medicine in Australia and New Zealand. The specialty has been recognised on the medical registers in New Zealand from 1998 and in Australia from 2009. On 14 February 2016, the College changed its name from the Australasian College of Sports Physicians to the Australasian College of Sport and Exercise Physicians (ACSEP), aligning the College's name with the recognised specialty. The name change was also intended to reflect the breadth of the specialty and the increasing importance of exercise as a prescription for health and the wider contribution of college members to their communities, beyond the support of sports teams.

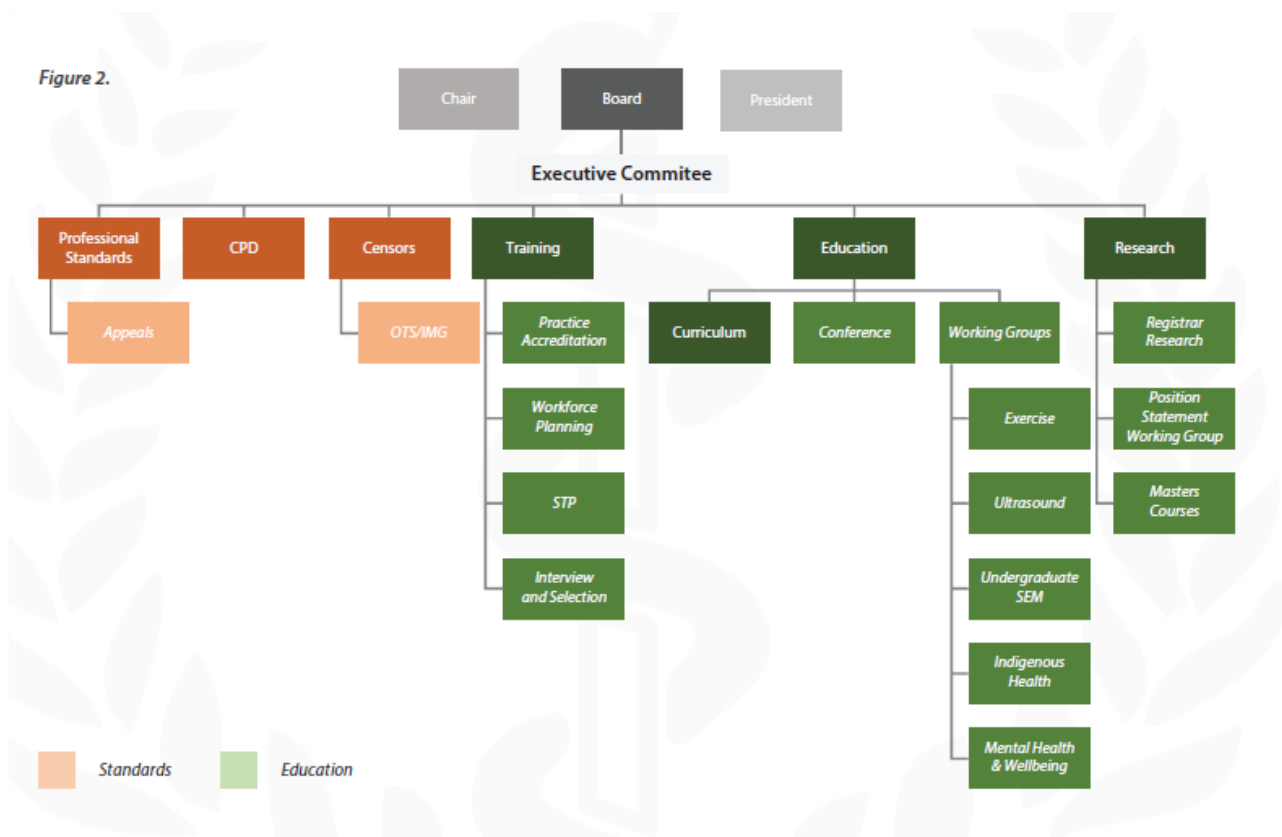
The mission of the College is to provide and promote excellence in the training and continuing professional development of sport and exercise medicine physicians in Australia and New Zealand. The vision of the College is to provide world's best practice with regard to training, standards and research in the specialty of sport and exercise medicine.

The Strategic Plan for the period 2018-2022 includes four key priority areas: training excellence, member engagement, organisation sustainability, and stakeholder relationships.

It is a small College resourced by committed office staff and fellows who support a highly motivated and engaged trainee cohort. The table below describes the College's membership at the time of the reaccreditation review.

Membership type	Australia	New Zealand
Fellows	136	28
Registrars	59	14
Retired & inactive fellows	5	2
Associate members	51	3
Student members	16	NA

In 2015, the College undertook a substantive review of its governance structure and functions, including the development of a College Constitution. The new College governance structure has moved from a Council structure to a skills-based Board which includes three independent non-executive directors bringing a breadth of expertise including finance, strategy, human resources, education and governance. There is also now complete independence of the Board from the chairs of the various committees, following review of all committees' terms of reference. The figure below illustrates the College's governance structures.



Since 2017, College staffing has increased from four to eight (full time equivalent = 5.7). partly funded by the Australian Government Department of Health Specialist Training Program project funding. This funding has provided additional capacity for growth in systems, administration, finance and trainee and training support.

A.2 Outcomes of the sport and exercise medicine program

The College's educational purpose is set out in its Constitution and covers specialist training, continuing professional development and assessment for specialist recognition. The aim of its specialist training program is to 'uphold and advance world leading training and practice in the specialty of Sport and Exercise Medicine'.

The training program is four years in duration and aims for trainees to achieve the following graduate outcomes:

- 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 and, 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 program and graduate outcomes were developed based on an evaluation of the scope of practice of fellows and these outcomes were used to develop the curriculum.

A.3 Sport and exercise medicine program

The current curriculum structure has been in place since 2013. While the structure has not substantially changed, significant investment in new online content has been made since the 2014 accreditation and minor updates were made in 2016 with the resulting (2017) curriculum documentation published on the College website. A major formal curriculum review is scheduled to occur in 2019. Additionally, the College has set up a working group to update the workforce/scope of practice analysis that informed the current curriculum structure.

The curriculum is structured in four parts:

- 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 in 2017).
- 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 in 2017)
 - 4.3 Care of Sports Teams
 - 4.4 Events
 - 4.5 Travelling Athletes
 - 4.6 Doping and the Athlete
 - 4.7 Sports Psychology.

All trainees' requests for part time or interrupted training have been granted in the last three years. The table below illustrates the number of trainees training flexibly.

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

A.4 Teaching and learning

Training mainly occurs in private, community-based settings with networked opportunities for training and work with sporting teams and in a range of related medical settings including general practice, orthopaedics and emergency.

The model of training by year is:

- Year 1 - 32 hours/week supervised clinical training (24 hours/week by a Clinical Training Supervisor (CTS))
- Year 2 - 24 hours/week supervised clinical training (18 hours/week by a CTS)
- Year 3 - 16 hours/week supervised clinical training (12 hours/week by a CTS)
- Year 4 - nil supervised clinical training.

Following the last AMC accreditation review, trainees are supervised until they have passed their Part 2 Examinations.

On-the-job structured learning also occurs through trainees' participation in local and national sporting events and team travel coverage. Early in the program this will likely be with small events and local sports teams but will progress to work with national teams and international events.

This practice-based training is supported by online, self-directed academic modules, and a structured weekly tutorial program for four hours per week. Trainees must also complete a course in management of sports trauma every three years.

The online academic modules have replaced the requirement to sit external courses in these areas. They cover research methodology (introduced 2014), sports nutrition (introduced 2015), sports psychology (introduced 2015), biomechanics (introduced 2014), and sports pharmacology (introduced 2016).

Currently, there is limited supervised training available in teaching hospitals or emergency departments, and limited exposure to rural settings and Aboriginal and Torres Strait Islander or Māori communities' health (outside an individuals' participation in sports teams).

A.5 Sport and exercise medicine program assessment

The Part 1 Examination is a multiple-choice question (MCQ) knowledge examination of physiology, exercise physiology and anatomy. This is a hurdle to decide who is eligible to apply for training and ensures the foundation knowledge required for the program.

During training, there are set workplace-based assessments (WBAs) including Mini-Clinical Evaluation Exercises (Mini-CEX), Direct Observation of Procedural Skills (DOPS), Case-based Discussion (CBD), Team and Event Coverage supervisor report assessments, and a Research Project. Additionally, trainees must pass tests within each of the mandatory online learning modules. All trainees must keep a daily logbook of patients, which is reviewed by the supervisor to ensure coverage according to curriculum requirements. The review forms part of a broader, six-monthly supervisor's report covering the range of in-course assessment and other feedback received or issues identified.

The WBAs and online modules are formative in design but are barriers in that they must be passed to complete the program. The WBAs were last updated in 2012; the College plans to review them and include a 360 degree feedback tool, as part of the planned curriculum review.

The Part 2 Examination is a summative exit examination involving written and clinical components. A 120 item MCQ paper and a 10 Short Answer Question (SAQ) paper are held in June of each year. These must both be passed to proceed to the Clinical Examination in October. The Clinical Examination involves a long case (30 minutes with patient, 10 minutes to prepare presentation and 20 minutes with examiners), short cases and a viva voce (30 minutes each).

The examinations are developed according to an overall assessment blueprint and detailed examination blueprints, which are mapped to the curriculum.

The cut score for the MCQ paper was developed using the Angoff method. Post examination analysis is undertaken and classical test theory and Rasch measurement are applied. The SAQ items are new and marked to a grid predetermined by a group of examiners and the Censor in-Chief. Each component of the Clinical Examination is double marked to a scoring grid set in a pre-examination workshop.

There is no calibration of the SAQs or Part 2 clinical components, or of the WBAs, which are implemented locally.

This table illustrates the pass rate by number of attempts for the Part 2 Examination.

	2013	2014	2015	2016	2017
Part 2 written					
1 st attempt	4	6	5	6	5
2 nd attempt	2	5	2	2	5 (awaiting reassessment)
3 rd attempt	1				
Subsequent attempts					
Part 2 clinical					
1 st attempt	4	6	4	6	5
2 nd attempt					1 (awaiting reassessment)
3 rd attempt					
Subsequent attempts					

A.6 Monitoring and evaluation

There are a number of formal and informal mechanisms for collecting feedback directly from trainees (including an annual survey, end of placement forms, and ad hoc forms) though these are not centrally collated. A survey of fellows was re-introduced in 2017. Currently, the College does not seek out or receive feedback from the community in regard to its registrars.

Examination performance data is analysed and compared with selection process data and, in 2017, the Part 2 Examination was observed by an external medical examiner who provided feedback on its implementation.

The Board of Directors has a very detailed a Risk Register, with a large number of issues relating to training and assessments, which were actively being addressed. The Board of Censors has a separate Risk Register and the Training Committee was reportedly starting one at the time of the reaccreditation.

A.7 Trainee selection and support

The College provides an overview of the training program interview and selection policy on its website. Basic eligibility criteria includes a period of prevocational practice of three years (PGY4+) with general medical and surgical experience and successful completion of the Part 1 Examination, which is a written multiple choice knowledge test.

Applicants who meet these criteria submit a standardised Curriculum Vitae (CV) and application, which is marked against standardised criteria by three scorers, including two College fellows on the Interview and Selection Panel, and a National Office staff member. The top ranked candidates are invited for interview.

The interview process is a structured multi-station interview with six stations designed to assess knowledge of the College, the role of sport and exercise medicine physicians, different aspects of the CanMEDs framework and situational judgement. Each station comprises two fellows, scoring each candidate against a standardised framework. Following the interview process, the CV and interview scores are combined to decide program offers. The Chair of the Training Committee

personally telephones unsuccessful candidates and a follow-up letter is sent to advise the outcome, highlighting areas for improvement for future applications. Candidates not offered interviews are provided with written feedback.

The number of trainees entering the training program for the period of 2016-2018 were:

Year	Australia	New Zealand	Total
2016	11	3	14
2017	10	2	12
2018	11	3	14

An additional point on the selection scoring grid is available to Aboriginal and Torres Strait Islander and Māori applicants, and applicants from a rural background. In 2017, the College introduced a scholarship for Aboriginal and Torres Strait Islander and Māori medical students to attend the annual conference and one prospective applicant is being mentored by the College President.

Support

The College has a five-layer support framework:

- the Clinical Training Supervisor, who is often the closest relationship a trainee will maintain within the College
- the Zone Training Coordinator who oversees progress and acts as a safety net for trainees
- each trainee is encouraged to engage a mentor in their first year of training to guide the trainee through matters relating to training, studying, issues arising from personal conflict with supervisors and personal matters
- the Peer Support Group is a group of senior, experienced fellows who have been advertised to the membership and are willing to be contacted for impartial, personal advice on any matter
- the National Office staff as trainees form close relationships with these staff members.

All supervisors are required to complete continuing professional development modules that include the following components: trainee wellbeing, identifying struggling trainees, strategies for helping trainees overcome difficulties, and techniques and strategies for teaching.

The College provides access to its Employee Assistance Program for all fellows and trainees. In 2017, the College developed the ACSEP Mental Health Plan for fellows and trainees with leadership from the President.

In 2017, 25% of respondents to the Trainee Survey (50% return rate) indicated experience of bullying, mostly from fellows, and there has been one formal complaint by a trainee to the Training Committee. The Training Committee has taken responsibility for responding to this survey and its recommendations had been endorsed by the Board at the time of the reaccreditation review. The College's Bullying, Harassment and Discrimination Policy is available on the website and, in 2017, the Board also endorsed the College Equality and Inclusion Statement, which also appears on the College website.

The College communicates with trainees through a range of different mechanisms including trainee representatives, direct newsletters and emails and social media groups. Each region/state/territory has a Registrar Representative and the Head Registrar Representative is a full member of both the Board of Directors and the Training Committee. From 2018, a Registrar Representative has also sat on the Education Committee.

A.8 Supervisory and training roles and training post accreditation

Supervisory and training roles

The College has three main training roles:

- Clinical Training Supervisor (CTS) - who provides developmental supervision, completes workplace-based assessments (WBAs), supervisor reports and supports the mandatory trainee-led tutorial program. The CTS must be a fellow of the College.
- Clinical Training Instructor (CTI) – who provides sessional supervision or clinical supervision in areas not associated with the CTS. The CTI may be within the same practice as the CTS and may be a fellow of another College.
- Zone Training Coordinator (ZTC) - Who plans and coordinates trainee placement in their state/territory or region. The ZTC is a fellow of the College. Until 2018, ZTCs had undertaken six-monthly reviews for trainees in their zones, however the ZTC now undertakes these reviews for trainees in another state/territory or region to provide more independent oversight of trainee progress and a new route for trainees to raise concerns.

New supervisors are confirmed through the post accreditation process. There is no pre-requisite to complete supervisory training but it was clear on the visit that the large number of supervisors the team met all had completed the College's e-Learning modules. They may also attend workshops/meetings for the supervisors at the annual conference and, in some cases the college has supported supervisors to attend. As noted above, continuing professional development modules for supervisors are compulsory. The main challenge for the College is having enough supervisors and supervising practices to meet trainee numbers. Supervising a trainee, particularly in the early years, is not financially rewarding for the training practice and so identifying supervisors can be difficult in some locations.

Trainees provide feedback on their supervisors through end of placement forms and their Trainee Representative. They may also escalate concerns to the Training Committee or the National Office.

Many fellows volunteer for examiner roles and the College has a mixed pool of very experienced and new examiners. All examiners must complete training modules. Continuing professional development modules are mandatory for examiners and will be for formative assessors from 2019. All examiners active in the Part 2 Examination must participate in the pre-examination workshop. Examiner performance and participation is overseen by the Board of Censors and in particular, the Censor in Chief.

Post accreditation

The College's Accreditation Committee oversees accreditation of practices and reports to the Board of Directors, making recommendations on accreditation status of a practice. Post accreditation follows a five-year review cycle involving paper-based application and a verification visit. Standardised criteria and a template are used. The Clinical Training Supervisor is accredited as part of the process. In 2018, the College moved from a single reviewer to a team review process to ensure consistent application and improve learning from the process.

First year practices are given provisional accreditation for 12 months to adjust to being a training practice and fulfil certain requirements (e.g. develop missing policies and procedures), before receiving a full five-year accreditation.

The College has accredited 44 training practices since 2014 - 40 in Australia and four in New Zealand. Accredited training practices are generally private, community-based practices of varying size. Some are in multi-disciplinary centres with allied health professionals also working onsite.

A.9 Continuing professional development

The College's continuing professional development (CPD) program operates on a three-year cycle and overseen by the CPD Committee. Participants must accrue a minimum of 50 points each year and 150 CPD points across the triennium. The CPD is mapped to both Australian and New Zealand requirements.

Since accreditation in 2014, the College has clarified CPD requirements and invested in online modules, supporting resources and a portal for CPD records which went live for the 2018-2021 cycle. The requirements are outlined in the CPD Handbook, which is available on the College website. In 2016 as part of the Expert Advisory Group on Revalidation process, the College reviewed its CPD program in detail with the Australian Health Practitioner Regulation Agency (AHPRA).

The CPD program has three categories, each with minimum hours:

- Category 1: Collegial Interaction (30 hours which covers meetings and guest lectures as well as related courses but also requires 10 hours of peer review such as 360 degree feedback and peer supervised practice)
- Category 2: Audit of Medical Practice (10 hours, focused on learning and improvement from own practice)
- Category 3: Teaching and Learning (10 hours drawn from a range of modules on teaching and implementing various assessment tools such as CBDs as well as the examiner modules).

In addition, two hours of cultural competency CPD activity is mandatory every year. A Management of Sporting Trauma and anti-doping course must be completed every three years.

All Clinical Training Supervisors and Clinical Training Instructors must complete all four Clinical Training Supervisor modules once in each triennium.

Participation in CPD is mandatory for all active fellows, except honorary fellows.

The College audits 9% of CPD participants each year for proof of base records supporting claimed CPD activities each year, with 3% in each of the three CPD categories. A New Zealand fellow who is non-compliant will be notified to the Medical Council of New Zealand. In Australia, at the end of the triennium, a list of fellows who are compliant with CPD will be sent to AHPRA, as confirmation of compliance with CPD. In 2015, 136 fellows (89% of the total number of fellows) successfully completed their CPD requirements. In 2016, 121 fellows (83%) had completed requirements. The 2017 audits were being completed during the accreditation visit and will be reported to AMC subsequently.

A.10 Assessment of specialist international medical graduates

The College has a very low number of applications from specialist international medical graduates (two to three per year). The College's process for the assessment of specialist international medical graduates is overseen by its Overseas Trained Specialists (OTS) Working Group.

There is supporting information available on the College's website, however there is no detailed formal written policy to support the application process. There is also no clear appeals process for specialist international medical graduates who are unsatisfied with the outcome of the assessment. Over the last year the College has updated the information on its website, reviewed its processes, engaged actively with other colleges to compare approaches. It was in the process of formalising its policy and process during the accreditation review.

The initial assessment of specialist international medical graduates is a paper-based process which is based on the Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ) guidelines. Further information may be sought from the applicant by the OTS Working Group. If clarification is required, an interview (generally via teleconference) may be undertaken

by the working group. If a decision cannot be reached by the working group, the application will be escalated to the Board of Censors.

Factors considered in the assessment include:

- Completion of an exit examination.
- Length of the training program undertaken and alignment with the College curriculum.
- Completion of components in biomechanics research, nutrition, psychology and pharmacology.
- Whether scope of practice in the overseas training program has included an equivalent range of clinical cases and sports team coverage.
- Demonstration of compliance with continuing medical education in sport and exercise medicine.

The College uses the terms 'Comparable', 'Substantially Comparable', 'Partially Comparable' and 'Not Comparable', in accordance with MBA guidelines (these are mapped to the MCNZ definition of 'equivalence'). To be substantially comparable, the applicant must have completed at least four years of comparable training. As most applicants are deemed partially comparable, there is often a requirement to complete 12-24 months of supervised practice and a series of workplace-based assessments, in line with the specialist program to assess gaps. The supervising fellow must provide a report to the OTS Working Group to confirm completion. Specialist international medical graduates are also likely, even if substantially comparable, to be required to sit all or part of the Part 2 Examination as applications assessed so far have indicated that comparable assessments in other countries are unusual

Currently the College does not have a process for undertaking assessment of specialist international medical graduates based on Area of Need.

Section B Assessment of the Australasian College of Sport and Exercise Physicians Program against specialist medical program accreditation standards

B.1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- 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.
- 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.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- 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.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- 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.

1.1.1 Team findings

The College is to be commended on the significant work that has occurred over the past three years to ensure its governance structures are appropriate for its functions and can support the delivery of the strategic plan.

The College's governance arrangements cover the breadth of its responsibilities for specialist education, continuing professional development, and assessment of specialist international medical graduates. The structure is clear and identifies the committees and working groups responsible for standard setting and education. All committees have clear terms of reference including membership, reporting and provision for declaration of conflicts of interest.

The introduction of a skills-based Board and the revised comprehensive committee structure are seen as significant advances by fellows, and both fellows and trainees appreciated the progress that has been made over recent years to improve and clarify governance processes and communications.

The strategic and operational plans are comprehensive and detailed, with appropriate focus on educational activities. Of the 82 action items on the 2017/18 operational plan, 90% are either complete or in progress. The College also has an extensive risk register at the Board of Directors level plus a separate risk register for the Board of Censors, which are reported regularly through the governance structures.

Whilst there was initially some concern from the team that there was a large number of committees and working groups for the size of the College and the number of fellows, it was clear in the course of visits and meetings that there is significant commitment from fellows in these functions of the College. There were no current vacancies on committees and a number of senior trainees and new fellows interviewed expressed interest in joining committees in due course. A

large number of fellows sit on more than one committee or working group. This enables a clear focus on each of the specific responsibilities and good communication between the various committees and functions.

The College gave examples of changes in response to trainees' feedback, demonstrating the effectiveness of the College's approach to trainee representation in the governance structures, as described under standard 7.2.

Both New Zealand and Australian fellows, trainees and training providers are effectively represented in the governance structure.

There was also evidence of effective collaboration with a range of national bodies. The team noted that College CEO provided critical support in negotiating terms that are more favourable for training with the Accident Compensation Corporation (ACC is a key referrer of patients in New Zealand). In Australia, the College endorsed a number of position statements by College members who are working at the Australian Institute of Sport, including the Concussion in Sport Position Statement and the Position Statement on the Ethics of Genetic Testing and Research in Sport.

The College also has strong relationships with the following national and international sporting and exercise medicine bodies resulting in joint work and training opportunities:

- Australian Sports and Anti-Doping Authority (ASADA): partnering to cross-promote sport and exercise medicine anti-doping education modules and resources
- Australian Physiotherapy Association: working with sports physiotherapists to improve referral pathways, and support evidence-based exercise programs in the management of chronic musculoskeletal issues.

The collaborative examples given by the College largely focused on sport, and there are opportunities to develop relationships to support the development and delivery of exercise aspects of the curriculum. For example, with the Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine in relation to management of acute and chronic pain in sport and exercise medicine, including reducing progression from acute injury to chronic pain, and with the Leaders in Medical Education Network.

In the absence of a specific stakeholder advisory group, dedicated community representation, or stakeholder engagement expertise on the Board, there is more to do to ensure that the wide range of stakeholders across the sport and exercise medicine aspects of the specialty are effectively engaged in the governance structures. The College needs to develop systematic mechanisms to support broad engagement with local and national stakeholders within its governance structures. This should be a priority, in light of the imminent curriculum review.

1.2 Program management

The accreditation standards are as follows:

- 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.

1.2.1 Team findings

- The College has a number of committees and working groups responsible for planning, implementing and evaluating the curriculum, and setting relevant policies and procedures as described under standard 1.1.1. In addition to these, the following committees focus on education and related functions:
 - The Education Committee: this committee's role is to develop, coordinate and monitor the Education Strategy. It oversees the Curriculum Working Group, the Conference Committee and a number of smaller working groups which cover specific areas of the curriculum including Exercise, Ultrasound, Indigenous Health, and Mental Health and Wellbeing.
 - The Training Committee: this committee is responsible for delivering the College training strategy and reports to the Board of Directors on all matters relating to the training portfolio. There are four committees or working groups, which report to the Training Committee: Practice Accreditation, Workforce Planning, Specialist Training Program, and Interview and Selection.
 - The Research Committee: the primary role of this committee is to assist fellows and trainees of the College who wish to undertake, or are in the process of undertaking research projects. This committee is also responsible for the review of College position statements, consensus guidelines/statements from external stakeholders and where appropriate media releases, prior to approval by the Board.
 - The Continuous Professional Development (CPD) Committee: this committee is responsible for delivering and reviewing the College CPD program.
 - The Overseas Trained Specialist Committee: this committee is responsible for developing and implementing the process for assessment of specialist international medical graduates.

As discussed under standard 1.1, despite the large number of committees (nine committees and more than 10 working groups), the structure seems to operate well to support planning and implementation of the College's functions. Committee responsibilities are generally well understood by fellows and trainees who were interviewed.

Committed fellows, who often hold a number of educational and governance responsibilities, provide the required capacity. Work on the governance structures has delivered clear lines of authority and responsibility.

However there is no monitoring and evaluation framework to support review of the effectiveness of committee work. This will be discussed further under standard 6.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

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

1.3.1 Team findings

The College has a Review, Reconsideration and Appeals Policy. This aims to provide any person directly and adversely affected by any College decision to ask for an explanation of the original decision. Generally, reconsideration and review of a decision are required prior to a formal appeal. The College advised that there have been no formal appeals within the past three years.

The appeals process is covered in significant detail in this policy, which includes details of the grounds for appeal, the composition of the Appeals Committee (which includes requirement for independence, avoidance of conflicts of interest and ensuring natural justice) and the process for consideration of appeals. Conversely, the process for review or reconsideration is not explicit in the policy. It does not articulate the steps the applicant must take, who will undertake the reconsideration and review, or what degree of independence is applied to this process. It does not state the possible outcomes of a reconsideration or review.

The policy is published on the College website. Trainees and fellows generally seemed aware of the policy but none of those interviewed had used it. Some remarked that the fee for lodging an appeal is prohibitive. Whilst the policy states that the fee may be waived at the discretion of the CEO “in appropriate circumstances” there is no mention of any refund (partial or otherwise) in the event of a successful appeal.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

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

1.4.1 Team findings

The College utilises the expertise of its fellows in the development of its training and education functions, through the governance structures described under standard 1.2. The College employs a Registrar and Training Coordinator in the National Office who works 0.8 full-time equivalent.

The College also employs an independent Medical Education Consultant who works closely with the Curriculum Working Group and offers broader support to the committees. This external consultant plays an active role in the delivery of training functions of the College and advises the Curriculum Working Group and the Training Committee.

The College has a number of collaborative relationships with other colleges to share expertise and benchmarking including:

- the Australian College of Rural and Remote Medicine (sharing educational modules on rural practice and musculoskeletal sport and exercise medicine, and providing support for rural sport and exercise physicians, and sports GPs)
- the Australasian College for Emergency Medicine (working to help educate emergency physicians in the management of sports concussions). The College needs to continue to build on these, particularly in the area of exercise medicine and exercise prescription.
- the Royal Australasian College of Physicians (sharing doctors’ mental health/wellness education resources)
- recent work with other colleges to develop its processes for assessment of specialist international medical graduates.

The College did not appear to have engaged with other colleges about how to develop more systematic stakeholder engagement mechanisms and construct a monitoring and evaluation strategy. Most colleges have been working on these areas and therefore there is a good opportunity to share learning.

Given the College’s focus on improving Indigenous health content, further collaboration with groups with educational expertise in this area, for example Leaders in Indigenous Medical Education (LIME) Network, would help the College benchmark and improve its resources in this area.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.5.1 Team findings

The current staffing of the College National Office, which is based in Melbourne, equates to 5.7 fulltime equivalent (FTE) (including the 0.9 FTE CEO position) partially enabled by funding from the Australian Government Department of Health's Specialist Training Program (STP) funding. There is no College office in New Zealand, however the College stated that it is seeking to employ a staff member to support the requirements of the growing New Zealand membership and manage the new funding arrangements.

In addition to the CEO, the National Office staff comprise an Operations Manager, Marketing and Communications Specialist, Registrar and Training Coordinator, Program and Systems Administrator, Finance Manager, Administrative Officer and Research Officer. Further resources planned over the next 12 months will increase support for the training program.

Staff members all have clear position descriptions and there is an induction pack for new staff.

At site visits and face-to-face interviews, trainees and supervisors gave positive feedback about the changes in the National Office and the level of support provided. They were particularly positive about the role of the Registrar and Training Coordinator that, in their view, had significantly enhanced the support and communication for the training program.

The College has made significant progress in applying technology to support delivery of the training program. The new web-based platform is a significant improvement, though there are still some minor teething problems, which are being addressed. The website was launched in 2016 and contains many useful resources, is visually appealing and easy to navigate. It houses training program documents, forms and policies, and it has a members log in area where registrars access their learning portfolios and education modules.

Zoom teleconferencing was used extensively and effectively throughout the accreditation process. It enabled the sharing of education sessions across Australia and New Zealand in real time and, increasingly, through recorded access. Zone Training Coordinators were also able to show practically how this worked for trainee reviews.

1.6 Interaction with the health sector

The accreditation standards are as follows:

- 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.
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1 Team findings

As a specialty based predominantly in private practice, the College has a unique set of challenges in engaging with local healthcare services to support a sustainable training model that provides opportunities across the full breadth of practice and in diverse local community settings. The Strategic Plan focus on operational sustainability reflects the risks related to the small fellowship, and dependence on Specialist Training Program (STP) and Integrated Rural Training Pipeline (IRTP) funding in Australia.

The College has actively lobbied health departments and key stakeholders across the jurisdictions to improve community access to sport and exercise medicine and consequential training opportunities. This has been successful in New Zealand, resulting in improvements to the funding contract with the Accident Compensation Corporation. However, in Australia it continues to be challenging. Effective engagement with government and local health sector bodies aimed at increasing training opportunities in public and community settings must remain a priority, to ensure the program remains sustainable.

In 2017, the College successfully supported training practices to renegotiate the fee structure for referrals from the New Zealand Accident Compensation Corporation. This will improve community access to specialist sport and exercise medicine care in New Zealand where there have been long waiting lists to see College fellows and trainees. It will also facilitate an increase in the number of trainees in New Zealand and the training opportunities available for this cohort. In due course, this will expand the New Zealand sport and exercise physician workforce, which will help support the New Zealand primary care network and help manage many chronic diseases and musculoskeletal issues in the community rather than in the hospital setting.

The College continues to lobby the Australian Government for increased STP and IRTP funding, and improved specialist and trainee rebates on the Medicare Benefits Schedule, in order to improve registrar training opportunities and support, and the move of the sport and exercise medicine workforce into regional, rural, Indigenous and refugee communities. Despite challenges, fellows have developed outreach services to remote Aboriginal communities in Queensland, and in 2018 a fellow is opening a sport and exercise medicine clinic for refugees in Western Sydney. However, access to these services is significantly hindered by the rebates for comprehensive treatment and prevention plans; given many people have other chronic diseases.

In Australia, many trainees are dependent on surgical assisting for an income while training. The availability of these rebates are under review and the College needs to consider contingency plans for trainees relying on this work for an income to sustain their training.

To broaden training and practice opportunities, the College recently developed a public hospital scope of practice submission that was open to public consultation in the early part of the year. The intent is to expand opportunities for fellows and trainees to work in the public hospital system where 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. The team had little opportunity to talk with the jurisdictional health workforce departments. However, it was clear that any increased role for exercise prescription in the public hospital sector would most likely need to be based on a substitution model, therefore the College needs to continue to build relationships with other areas of medicine and allied health to progress this.

Reflecting the College's increased focus on member's wider community role in relation to exercise medicine, it has spent considerable efforts building relationships with jurisdictional health departments and health services. These activities aim to expand opportunities for trainees to access opportunities in the public sector, particularly in the practice of exercise prescription and working with patients with chronic illness. The College is liaising with the Australian Department of Health regarding further STP and IRTP posts with training practices encouraged to apply for the next round of funding in 2019.

At local level, in each site visited, the team heard examples of innovative approaches to engaging with local communities and health services. The team was impressed by supervisors' commitment to develop training opportunities and to ensure trainees received an income that allowed them to continue to participate in training. Across sites, fellows had developed relationships with related medical services to increase training opportunities. In Queensland, the team heard of supervisors with excellent relationships with Indigenous health Groups and Indigenous sporting networks that supported trainees to gain experience in Indigenous health issues. The challenge of developing a comprehensive sustainable training model is common to all providers and there is an opportunity for the College to facilitate the sharing of different approaches that local training providers have found effective.

The College documentation and stakeholder submissions confirmed that the College has strengthened relationships with national Indigenous health and education groups in Australia and New Zealand, for example developing an Australia Indigenous Doctors' Association (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 of the College and establishes support and connections with the College community early.

Through these national affiliations, efforts have been made to engage with local communities. This was seen in the recent attendance at the AIDA Bowraville remote Indigenous community visit to school children, promoting sport and exercise medicine as a medical career.

The College has also engaged with Te ORA in New Zealand and the Pasifika Medical Association and is currently looking to develop a Māori and Pasifika Health and Workforce Action Plan. The College has Indigenous fellows of Māori and Pasifika background who sit on the CPD and Education Committees and also the Indigenous Health Working Group, and help shape the College's Indigenous health, education and CPD strategies.

1.7 Continuous renewal

The accreditation standards are as follows:

- 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.

1.7.1 Team findings

The College has undertaken a significant refresh of its governance structures in the past two to three years (standard 1.1) and has enhanced resources (standard 1.5).

It also outlined an extensive curriculum and assessment review proposed for 2018-2019. The team explored with the College the reason for the timing of the planned curriculum review and were advised that this was based on time since the last review rather than significant current or emerging risks.

Feedback from trainees and fellows supported a review, particularly in relation to the exercise medicine components. This is discussed under a number of standards in this report as being a challenging area of the curriculum in which to gain experience during training and not necessarily central to daily practice, post-fellowship.

However, the team was concerned that the timeframe allowed for the curriculum review is too short and the extent of proposed stakeholder involvement is both too narrow and not early enough in the review process to support a complex discussion of requirements for emerging practice. Delaying the review would enable the College to take account of work underway to evaluate the selection and assessment methods, re-analyse current job roles, and foster consensus on the College's aspirations for a larger role in exercise medicine. Crucially, prior work on developing a systematic mechanism for engaging a broad range of sport and exercise medicine

stakeholders and establishing a monitoring and evaluation framework (described under standard 6) would ensure the review delivers a relevant program with measurable improvements.

Commendations

- A The extensive update of governance structures over the past two to three years, including moving from a Council structure to a skills-based Board resulting in clearer, well-functioning governance arrangements with a clear focus on education and continuing professional development. (Standards 1.1.1, 1.1.2 and 1.1.3)
- B The College's updated website, which is comprehensive, easy to navigate and valued by members. (Standard 1.5.1)

Conditions to satisfy accreditation standards

- 1 Develop a systematic approach for engaging a broader range of local and national stakeholders in educational governance functions, including the development, delivery and evaluation of the curriculum and assessment. (Standard 1.1.5)
- 2 Revise the Reconsideration, Review and Appeals Policy to ensure that it clearly articulates the detailed process for review and reconsideration, including ensuring independence of decision making, and communicate this to trainees and other relevant parties. (Standard 1.3.1)
- 3 Ensure there is a sustainable model for the medical components of the curriculum, following the curriculum review by working with local health sector bodies to increase training opportunities in public and community settings. (Standard 1.6.1)
- 4 Develop a mechanism to share learning across training practices on how to develop partnerships with other medical practitioners (including medical subspecialists), allied health professionals and organisations to improve the quality and consistency of exposure of trainees to exercise medicine. (Standard 1.6.4)

Recommendations for improvement

- AA Add a lay/community member to Board membership to bring an additional and specific community perspective, for example, external sporting organisations or support groups. (Standard 1.1.5)
- BB Strengthen collaborations with other external bodies such as Leaders in Indigenous Medical Education Network and with other colleges, focusing on enhancing the College's capacity to develop curricula content and core policies. (Standard 1.1.4)
- CC Delay the review of the curriculum to allow benchmarking, systematic evaluation of outcomes and community needs to facilitate early feedback from stakeholders to guide changes rather than as part of the final consultation process. (Standards 1.1.5, 1.7.1 and 6.3.1)
- DD Develop contingency plans for trainees' reliance on surgical assisting for aspects of the curriculum to sustain their training. (Standard 1.6.3)

B.2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- 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.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

The current purpose resulted from consultation with internal and external stakeholders and, as noted under standard 1, the College has made significant efforts in stakeholder engagement. This has resulted in some valuable new relationships, particularly to enhance the ability of sport and exercise medicine physicians to provide appropriate care to Aboriginal and Torres Strait Islander peoples and Māori.

The College articulates its educational purpose, including setting and promoting high standards of training, education, assessment, and professional and medical practice in its Constitution, its Strategic Plan and Operational Plan. This was reinforced in the team's discussions with the College during the assessment visits.

However, the purpose as described in its Constitution could better articulate a vision for the role of the College and its fellows within the context of community responsibilities. While this is a challenging area given the predominantly private nature of practice, College leaders described a vision of increasing service to more diverse communities. The College has set itself an ambitious agenda to raise the profile of the specialty and increase awareness of the broader exercise medicine remit and the team note an innovative practice that served remote and rural communities with a focus on exercise.

The Constitution includes objects explicitly addressing Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health. The College's commitment to Aboriginal and Torres Strait Islanders', Māori and Pasifika people's health is also outlined in its Strategic Plan with actions including 'collaborate with organisations to promote indigenous Māori and Pasifika health and create indigenous Māori and Pasifika training pathways'. There was evidence these actions were progressing.

The College is to be congratulated on its first Reconciliation Action Plan (RAP), which is being updated. The College engaged with key campaigns including "Racism; It stops with me", "Close the gap" and "Recognise" in the development of this plan. The progress against the plan is overseen by the College Reconciliation Action Plan Working Group.

The College has identified the need to develop closer relationships with Aboriginal, Torres Strait Islander and Māori communities and Indigenous health groups to improve its support for communities who have been less likely to access services outside a sporting team environment. The development of a Reflect version of a Reconciliation Action Plan with Reconciliation Australia combined with recently formed Indigenous Health Committee is a significant step forward for the College. The team commends the College on strengthening its relationships with Aboriginal and Torres Strait Islander people and organisations such as the Australian Indigenous Doctors' Association.

There is an opportunity to review the College's purpose in light of the emerging scope of practice for exercise medicine and the developing relationships with Indigenous groups. Implementing systematic mechanisms for stakeholder engagement (as described under standard 1) would enable the College to discuss its role and its educational programs with its increasing diverse communities and to connect its educational purpose to its community responsibilities more effectively.

2.2 Program outcomes

The accreditation standards are as follows:

- 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.
- 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 Team findings

The team findings for standard 2.2 are provided in combination with those of standard 2.3.

2.3 Graduate outcomes

The accreditation standards are as follows:

- 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.

The program outcomes are clearly articulated in the training handbook and the graduate outcomes are clearly defined in the curriculum framework. Both are available on the College's website and readily accessible to all fellows and trainees.

They emphasise the sport-related scope of practice, with a single graduate outcome related to a broader role in exercise prescription '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'.

The College highlighted in its accreditation submission that the demand for sport and exercise medicine will likely increase largely due to the growing number of people being diagnosed with obesity in the community and the need to manage this population in a primary care setting.

While there was very broad support from fellows for the College's ambition to increase focus on the role of exercise medicine in serving the wider community, there were differing views on whether that broad focus should be reflected in the specialty training program or in later career pathways. For some training practices, the exercise prescription was a key part of daily activity with strong referral networks from orthopaedic surgeons and GPs. For others, however, the focus was on the musculoskeletal elements of the curriculum and the broader medical content was more related to general primary care-focused skills necessary for supporting teams when the sport and exercise physician is the main medical professional.

As discussed under standard 3, supervisors and trainees reported that it is very difficult for trainees to gain practical experience of some of the existing medical content.

Although addressed in the College's purpose, the graduate outcomes do not explicitly identify expectations in relation to graduates' competence in engaging in improving Indigenous health

outcomes within the specialty's scope of practice or practising in a culturally safe way. Having focused on strengthening relationships with Indigenous people and groups, the next step is for the College to work with the support of these relationships and its new Indigenous Health Committee to develop explicit graduate outcomes.

One further area that trainees raised was the specialty's reliance on private practice, noting that the graduate outcomes do not include the broader business management and partnership development skills needed to develop a sustainable practice in this specialty.

The new Workforce Planning Group was reported to be embarking on a new analysis of sport and exercise physicians' roles, which would offer an opportunity for the College to be more explicit about the increasingly wide variety of contributions that sport and exercise physicians can make to their local communities and the training opportunities available.

Completing the jobs analysis and discussing the emerging role of sport and exercise medicine physicians with stakeholders early in the curriculum review process will ensure that curriculum and assessment developments remain anchored to the specialty's scope of practice and achievable within the training opportunities available.

Commendations

- C The College's commitment to working with national Indigenous health and education groups and, the recent progress in forming an Indigenous Health Committee to ensure that it effectively addresses Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand, and their health. (Standard 2.1.2)
- D The development and implementation of a Reflect Reconciliation Action Plan, which is a significant achievement in which the College should take pride. (Standard 2.1.2)

Conditions to satisfy accreditation standards

- 5 Review the program and graduate outcomes to appropriately balance the sports and broader exercise medicine components, taking account of community needs and the training opportunities available. (Standards 2.2 and 2.3)
- 6 Document graduate outcomes addressing Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health within the context of the specialty's scope of practice to enable the College to meet its purpose. (Standards 2.1.2, 2.2 and 2.3)

Recommendations for improvement

Nil

B.3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

- 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.

3.1.1 Team findings

The 2017 curriculum is available on the website and is accessible to the public. It is framed in four major sections:

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

Each of these sections incorporates a number of sub-sections, which are clearly articulated in the curriculum handbook.

The course is designed to be completed over four years, split into eight training periods of six months. In the first year, there are 32 hours of supervised clinical training with 24 hours supervised by a fellow of ACSEP. The other 8 hours are supervised by other related medical specialists. During the second year, trainees complete 24 hours of supervised time per week with 18 hours with a College supervisor. In the third year, this reduces to 16 hours with 12 hours with a fellow. Any remaining unsupervised hours each week must be demonstrably beneficial to their training.

This is supported by online learning modules that include a compulsory examination. For 44 weeks of each year trainees also attend structured formal weekly tutorials either in person or by phone or videoconferencing.

The curriculum documentation has been greatly improved over the last few years and the curriculum framework is well organised and structured. It follows a logical pattern and includes learning outcomes, and teaching and learning methods. The curriculum is extensive and trainees, supervisors and Zone Training Coordinators reported that it created an accessible and purposeful learning tool.

As noted under standard 1, the College is planning an extensive curriculum review. The team was concerned that the timing of the curriculum review and its associated milestones were not ideal: there are a number of activities the College could undertake which would be good preparatory work for the review. Furthermore, the timeframe and plan for stakeholder consultation seemed rushed and would not allow for meaningful engagement on the program and graduate outcomes.

The team also expressed concern that the curriculum review could lead to an expansion of learning requirements. Academic modules are included early on in the curriculum to provide scientific foundations of the specialty and continued through the program to develop skills in evidence-based practice and the scholarly development of specialist knowledge. However, some trainees and supervisors expressed concern about the significant detail of the curriculum. Consideration should be given to reducing detail in medical areas that have low correlation with everyday practice, especially when sport and exercise physician management would not be reasonably expected. Consideration should be given to clarifying the level of detailed knowledge required in a range of medical areas in order for trainees to develop the required area of expertise to practice in exercise medicine, both when supporting a team, or prescribing exercise for example

in patients with chronic illness. Trainees should have a reasonable expectation of experience of all aspects of the curriculum and the College should explore further how this can be achieved.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- 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 curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated 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.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- 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 curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- 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.
- 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).
- 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.

Additional MCNZ criteria: Cultural Competence: The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

3.2.1 Team findings

The curriculum aligns with the programs and graduate outcomes, however, the content is extensive, including detailed medical knowledge across a number of years that may arise episodically but is not routine in many training practices. Most trainees reported that they do not see adequate numbers of patients of non-musculoskeletal presentations or have adequate exposure to Indigenous health.

The College is aware of this mismatch and has developed a range of online modules to cover the curriculum topics not commonly experienced in practice. The College is also exploring alternative

placements such as working with allied health professionals to set up sports clinics in public hospitals, emergency departments, and general practice to cover the full range of the graduate outcomes and the full breadth of the curriculum.

The curriculum includes the scientific foundations and evidence base for development of doctors required for a specialist of this nature. Communication, clinical, diagnostic, management and procedural skills are also covered.

Professionalism, leadership, and physician health and wellbeing were developed further during the 2016 curriculum update. The involvement of fellows on advisory groups at national and international levels provides role models and possible experiences for trainees.

Trainees are encouraged to present at the annual conference and be involved in external organisations, developing leadership skills and the ability to educate colleagues. Consideration might be given to increasing emphasis on leadership skills within the curriculum, given the College's recent refocus on exercise as a prescription and the apparent lack of awareness among stakeholders and related medical specialists of the specialty's role in this area as described under standard 1.

Equally, recent fellows have successfully taken on supervisory roles for the training program. However, there is scope for an increased emphasis on teaching skills for trainees, particularly in the context of the peer-led approach to the educational modules.

A specific academic module supports development of research skills. There appears to be a large emphasis on this area of the curriculum and trainees cannot become fellows without fulfilling this requirement. While these requirements have been challenging to meet previously, the team noted that there is now a variety of pathways, including a research panel assessment of non-published research.

Currently, the delivery of curriculum components related to cultural competency in both Australia and New Zealand differ according to the experience and approach of individual supervisors. It was noted that in some centres the tutorials had focused on self-awareness and beliefs, although this did not appear to be widespread. There is good exposure to cultural values and beliefs with sports teams, but more formalised training and learning would be beneficial. Overall, the current curriculum does not have enough content in this area and both trainees and supervisors called for more case-based discussion materials and sharing of experiences across training practices.

The College has identified this gap and the new Indigenous Health Committee intends to address it with the support of national groups such as Leaders in Indigenous Medical Education and the Australian Indigenous Doctors' Association. An online module is planned. The team heard of excellent resources available, for example, from local sporting bodies in Queensland and the College is encouraged to explore opportunities for sharing or co-producing content with local groups. A number of supervisors also gave examples of challenges and lessons that could be shared more systematically as case studies. The College should also consider MCNZ guidelines and developing partnerships with stakeholders that have experience in this area.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

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

3.3.1 Team findings

The curriculum is purposeful and appears to have integration with prior learning and subsequent medical education. There is evidence of purposeful curriculum design in the approach taken to developing the current curriculum. Trainees are required to be at least three years post medical qualification and have medical and surgical experience. An entry examination ensures a foundation for building subsequent knowledge.

The Recognition of Prior Learning Policy is not yet confirmed. However, the figures indicate that the majority of prior learning applications are accepted. The team heard examples of previous experience being considered and, in some cases, credits being given, which supported the College's description of its process. Although most trainees who had substantial previous experience, for example as a physiotherapist or GP, reported that while their experience helped the skills acquisition, the different contexts of practice meant that they preferred to complete the full curriculum.

The College is also developing links to undergraduate learning programs in both New Zealand and Australia and provided a discussion document for medical schools.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- 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.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- 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 Team findings

There is guidance available to trainees to assist with requirements across the four years and within each year. There are also expected content and duration for the various domains.

Though reportedly intense, the four-year program appears to be an appropriate duration for the majority of trainees.

Part-time training is possible with a minimum of 50% of training requirements to be undertaken per year and take no more than 10 years to complete the requirements for fellowship. Any variation outside the standard four-year full time program is at the discretion of the Training Committee and there are policies in place to support these applications.

The College appeared to be very flexible in applying its policy on deferments, and trainees reported the College was supportive. The team heard that it is common in Australia for trainees to extend training for a variety of reasons, often related to personal issues. It was reported that it is the norm for New Zealand trainees to complete the course in four years though there were also examples of flexibility.

There is flexibility for trainees to pursue studies of choice and subspecialty training is encouraged although this is a work in progress. There is sufficient time, particularly within the later years, to develop interests and advanced skills in areas of interest.

Commendations

- E The well-structured and comprehensive curriculum framework that generally aligns clearly to the program and graduate outcomes. (Standard 3.1.1)

Conditions to satisfy accreditation standards

- 7 Improve the quality of the content and the consistency of delivery of curriculum components related to cultural competency and safety in both Australia and New Zealand, taking account of MCNZ guidelines and developing partnerships with stakeholders that have experience in this area. (Standards 3.1.9, 3.1.10 and 3.1.11)
- 8 Develop and implement a policy on recognition of prior learning. (Standard 3.3.2)

Recommendations for improvement

- EE Reduce detail in medical areas that have low correlation with everyday practice, especially when sport and exercise medicine physician management would not be usually be expected. (Standard 3.1.5)
- FF Develop and implement ways to better support trainees who are transitioning to fellowship to develop skills in the setting up and running of a practice. (Standard 3.1.5)
- GG Increase emphasis on teaching skills, particularly in the context of the peer-led approach to the educational modules, which are a core part of the curriculum. (Standard 3.2.7)

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

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

4.1.1 Team findings

The College employs a range of teaching and learning approaches, underpinned by self-directed learning. They are mapped to a comprehensive curriculum document that reflects the program and graduate outcomes. The main approaches are: practice-based training in practice settings, self-directed learning (including independent learning, online learning modules, tutorials, giving presentations), didactic teaching (in tutorial sessions, via presentations), case-based learning and research-informed learning (including conference presentations).

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- 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.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1 Team findings

The immersive practice-based training in various settings such as private practice, event management and team coverage is a strength of this training program. The program includes opportunities to work with related medical specialists, interprofessional teams and a variety of online and tutorial-based learning.

Practice-based training is undertaken in private practice settings where teaching is under the direction of a Clinical Training Supervisor who is a sport and exercise physician. Trainees have a caseload of direct patient care and opportunities to interact with other medical specialties and allied health professionals in the health service.

Most trainees report a high level of satisfaction with their clinical training with most practices providing high-quality practice-based teaching by enthusiastic and committed clinical training supervisors. The team heard from both trainees and supervisors how the caseload and training is structured through years 1-4 to provide trainees with increased case complexity and responsibility, and reducing supervision, which supported the College's submission.

The training sites are primarily private practices, which vary in size; some are large clinics with multidisciplinary practitioners, others are small run by a sport and exercise physician. Currently, there is limited supervised training available in teaching hospitals or emergency departments, and limited exposure to rural settings and Aboriginal and Torres Strait Islander or Māori communities health (outside an individual's participation in sports teams). However, trainees may also receive day-to-day supervision or teaching in orthopaedics, general practice or radiology, depending on the networks of their training practice.

As an adjunct, trainees undertake a minimum 10-day placement with a sports team. They undertake this placement once the supervisor has judged they are competent and ready for this placement and typically take supporting roles with multiple teams and events that increase in profile and/or responsibility as they progress in their training. There are also good opportunities for interprofessional training. Trainees report a high level of satisfaction with this placement and feel well prepared and supported by the supervisor.

The tutorial program is peer-led. Tutorial content is related to the curriculum. Trainees are expected to attend weekly four-hour tutorials for 44 weeks in each year. Attendance of tutorials is monitored. The tutorials are intended to be active learning sessions. Peer learning is encouraged during tutorials, particularly more senior trainees mentoring more junior trainees. Trainees are expected to present cases or topics in the tutorial sessions. The learning in tutorials is highly valued by trainees, however, it is noted that there is variability within the tutorial standards and delivery in various centres. Some trainees reported very little teaching by supervisors or other professionals.

The development of a Tutorial Connectivity Kit has enabled synchronous teaching and learning for trainees across locations, particularly for those in remote locations to participate in tutorial sessions held in larger centres. These kits were well received by trainees except when the technology did not work well. The AMC team heard from trainees that sound capture was an ongoing issue which the College is aware of and is in the process of resolving with Telstra.

Online learning modules are an effort to standardise the delivery of content and to make training available to trainees in remote locations. They include scenarios of cases typically not seen in private practice in an effort to ensure all trainees are exposed to a variety of patient scenarios. Trainees must complete five academic modules, each being 20-40 hours duration, including videos, written content and assessments (short answer and multiple choice questions). The cost to trainees is \$1800 per module. Trainees must pass each assessment.

There has been significant recent work to develop online content to improve support for areas of the curriculum not generally observed in daily practice. The content generally appears excellent and the team consistently heard across all sites that trainees and fellows valued the quality of the online learning modules, reporting that these modules helped their achievement of the program outcomes particularly in relation to exercise and medical topics. Trainees expressed their dissatisfaction with the cost of the mandatory online learning modules. The College reported that the cost of developing quality learning modules is high and these costs are comparable with other Colleges.

Face-to-face short courses (e.g. the Management of Sporting Trauma or equivalent course) organised by the College are mandatory skills development courses for trainees (completed during training) and fellows (completed every three years).

Commendations

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|---|--|
| F | The immersive practice-based training that includes learning from working in multi-professional teams and with related medical specialists. (Standard 4.2.1) |
| G | The high quality online learning modules for trainees and fellows that provide teaching and learning of topics related to the program outcomes and supporting supervisor training. (Standard 4.2.2) |
| H | The development of a Tutorial Connectivity Kit that has enabled synchronous teaching and learning for trainees in remote locations to participate in tutorial sessions held in larger centres. While there are still some challenges, trainees reported that it has improved their training experience. (Standard 4.2.3) |

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

HH Implement reliable technology to ensure sessions are reliably available for all trainees, there is greater sharing of materials and standardisation of tutorial delivery. (Standard 4.2.2)

B.5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- 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.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

5.1.1 Team findings

The College has a program of formative and summative assessments, which are aligned to the outcomes of the program and enable progressive judgements to be made. Considerable efforts have been made on the documentation; the details of the assessments are outlined very clearly in the Specialist Training Manual and considered helpful by supervisors and trainees.

The Part 1 Examination is a multiple-choice question (MCQ) knowledge examination of physiology, exercise physiology and anatomy, and is a hurdle to decide who is eligible to apply for training and ensures the foundation knowledge required for the program. The subsequent Part 2 Examination, Paper A (MCQ examination) and the assessments embedded within the mandatory online learning modules test the development of knowledge across the length of the program. The use of assessed online modules ensures good coverage of the learning outcomes, particularly those aspects that are more difficult to routinely access in daily practice.

During training, there are set workplace-based assessments (WBAs) including Mini-Clinical Evaluation Exercises (Mini-CEX), Direct Observation of Procedural Skills (DOPS), Case-based Discussion (CBD), Team and Event Coverage assessments and a Research Project. These are formative in design but are barriers in that they must be passed to complete the program. The second element of the Part 2 Examination is a summative clinical exit examination.

There is a documented process for special consideration. The grounds for consideration and process to follow if making an application and the factors that will be taken into account are well described. However, the outcome is at the discretion of the Board of Censors.

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 Team findings

Trainees and supervisors thought that, though tough, the examinations were relevant and fair.

There is a very good mix of assessment methods, including a clearly specified range of WBA tools used for formative assessments in clinical practice and assessment tools designed for different practice contexts (such as the team and event outcomes).

The WBA requirements cover a range of presentations:

- 12 x Mini-CEX, including eight injury assessments (covering at least 6 of 8 possible body areas) and four different medical assessments
- 5 x DOPS, including four compulsory procedures and one of seven alternate procedures
- 12 x CbDs in 6 different medical cases and 6 different injury cases.

Though the documentation indicated WBAs are blueprinted and Zone Training Co-ordinators reported reviewing completed assessments against program requirements, the team heard that if a trainee fails a WBA, the repeat assessment does not need to be on the same topic (unless it is a compulsory procedure). While the team understands the logistical challenges, particularly in relation to presentations not commonly seen in the training practice, the College should consider whether the failed formative assessment that identifies a development gap should be repeated until the pass standard has been reached.

The team heard that in some practices, the trainee arranges the patient and topic for WBAs, in accordance with the College requirements. This is consistent with the College's reported approach to self-directed learning. However, the College could consider whether the supervisor or practice manager should arrange patients. This would allow at least some of these formative/hurdle assessments to be less predictable for the trainee and more closely reflective of routine medical practice, which includes initial consultations with undifferentiated patients.

The assessment of the scope of practice for sports teams and events covers: minor events and major events, collision/contact team coverage, elite teams, and travelling with a team. The assessments are structured but currently reliant on supervisor feedback with informal feedback from others. There is an excellent opportunity to develop an innovative a formal multi-source feedback as an integral part of all Team and Event activities.

A series of assessed online modules cover research methodology, sports nutrition, sports psychology, sports pharmacology and biomechanics.

The Part 2 Examination is the summative exit examination in two parts run in June and October respectively each year. The Written Examination comprises two papers (Paper A – 120 MCQs and Paper B – 10 Short Answer Questions (SAQs)), examined on the same day, that must be passed to allow the trainee to advance to the Clinical Examination. The Clinical Examination comprises:

- Long case (30 minutes with patient, 10 minutes to prepare presentation and 20 minutes with examiners)
- Orthopaedic short cases - 30 minutes
- Overuse short cases – 30 minutes
- Viva – 30 minutes (investigations).

There is a clear blueprint for the whole assessment program and another detailed blueprint for the Part 2 Examination.

The Part 1 and Part 2 MCQs use a sophisticated standard setting process based on good practice. Each paper is compiled according to a blueprint and psychometric properties. Following the examination, an item analysis is undertaken to flag items that do not meet minimum statistical criteria. Classical test theory and Rasch measurement is applied. Poor performing items are excluded from the final analysis following review by the Board of Censors. Each paper includes a portion of difficult items, and all items are linked to a central rating scale. This process ensures that the cut score represents the same level of performance to pass an examination, irrespective of the ability of the cohorts. For the Part 1 Examination the historic cut score is derived using a modified Ebel method whereas for the Part 2, the Angoff method is applied so that the cut score

is identified from an estimated probability of a borderline candidate answering each item correctly and an average score from 10 College experts.

Each of the 10 SAQs are written new each year by assessors who are also supervisors, according to the assessment blueprint. There is no statistical standard setting for them and they cannot be calibrated across years but two assessors answer each of the questions and a marking rubric is created from their answers. They are reviewed by three to four assessors, including the Censor in Chief. Assessors must also have completed training.

The Part 2 Clinical Examination has two examiners in each section who mark to a rubric. Efforts are made to ensure consistency across examiners; all examiners must complete the training modules and there is an examiners' moderation workshop the day before the examination.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- 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.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 Team findings

In general, regular and timely feedback is provided throughout the program and embedded within the assessment processes.

The candidates receive a scaled numerical mark for each of the papers in the Part 2 Examination. This does not provide item or topic feedback, however for candidates who fail it is usual for a feedback discussion to take place within one month. While the policy is clearly appropriate, the application appeared to vary; the team heard of occasions where feedback was not provided within the expected one-month period and of occasions where timely and useful feedback was provided.

The WBAs are designed to provide immediate feedback. There is further feedback at the six-monthly review with the Clinical Training Supervisor and the six-monthly meeting with the Zone Training Coordinator (ZTC). Six of the 11 items on the review rubric relate to non-technical competencies.

Supervisors gave examples of early identification of trainees with performance concerns. If there is a concern, then the first step is a development plan within the training practice, the next step is an informal meeting with the ZTC and a process that suggests appropriate remedial steps. While the team was assured by the examples given it was noted that failed WBAs need not be recorded or discussed with the ZTC at the six-monthly meeting. The College should consider recording the assessment of all WBAs to ensure the six-monthly review includes oversight of all of the assessment of the trainee in the workplace.

There has never been an instance where the College has referred a trainee to the regulator and those interviewed articulated a clear escalation route through the Training Committee should this situation arise. However, a documented process is required so that trainees, supervisors and assessors are aware of the steps that would be taken if required.

5.4 Assessment quality

The accreditation standards are as follows:

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

5.4.1 Team findings

There was some evidence of continuous improvement/adaption of assessment methods; for example, the Research Committee has established a process for reviewing the quality of research projects not accepted for publication due to the growing challenges of publishing. This appeared to be recent and is not yet documented.

The College reported development of a 360 degree feedback tool and the intention to review assessment methods more broadly, as part of the curriculum review.

While considering the assessments to be fair in content, the trainees raised one area of potential procedural unfairness. Several trainees were scheduling practice assessments with both local and interstate/territory/region assessors, prior to their examinations. However, not all trainees could afford to do this because of personal or financial reasons and some saw the practice as giving those trainees an unfair advantage. There must be equity of opportunity for examination preparation.

All assessors the team spoke to had completed the required Examiner Training modules, however there was no evidence of calibration of their performance across WBAs, Team and Event, or Part 2 assessments. Assessors for both examinations and WBAs reported receiving little or no feedback on their performance. While the training modules and workshop are a good foundation to develop consistent examiner practice, the College must also systematically calibrate SAQ and clinical examination assessor performance.

Commendations

- I The assessment protocols are comprehensive, clearly documented and aligned to the current learning outcomes. (Standard 5.1.1)
- J There is a good mix of assessment methods, including a clearly specified range of workplace-based assessment tools used for formative assessments in clinical practice and very clear documentation describing the format of the examinations. (Standards 5.1.2 and 5.2.1)
- K The multiple-choice questions components for both the Part 1 and Part 2 Examinations use sophisticated statistical analysis and take a best practice approach to standard setting. (Standard 5.2.3)

Conditions to satisfy accreditation standards

- 9 Develop a policy and process describing when and how employers and the regulator/s will be informed if a trainee's performance in assessment gives rise to patient safety concerns and share this with trainees, supervisors and assessors. (Standard 5.3.4)
- 10 Implement guidelines to ensure there is equity of access to examination preparation, avoiding any real or perceived unfair advantage. (Standard 5.4.1)

- 11 Develop formal calibration processes for assessors of workplace-based assessments, the Part 2 Examination short answer question paper, and the Clinical Examination. (Standards 5.4.1 and 5.4.2)

Recommendations for improvement

- II Document the assessment of all workplace-based assessments (not just those that have been passed) to ensure the six-monthly review includes oversight of all of the assessment of the trainee in the workplace. (Standard 5.2.1)
- JJ Consider whether the supervisor could select the patient and topic for workplace-based assessments. This would allow at least some of these formative/hurdle assessments to be less predictable for the trainee and more closely reflect routine medical practice, which includes initial consultations with undifferentiated patients. (Standard 5.2.1)
- KK Develop a multi-source feedback tool as an integral part of Team and Event activities. (Standard 5.2.1)
- LL Report to governance committee/s and trainees on the adherence to the protocol for early feedback. (Standard 5.3.1)
- MM Consider reassessment on the same topic of unsatisfactory Mini Clinical Evaluation Exercises or Direct Observation of Procedural Skills to address gaps in knowledge and skills. (Standard 5.4.1)
- NN Formalise the process by which the Research Committee reviews unpublished research. (Standard 5.4.1)

B.6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- 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.

6.1.1 Team findings

The College has not met these standards since they were introduced. It recognised, in its submission and during the reaccreditation interviews, the need to now prioritise this area and ensure it has the skills necessary to develop and implement a coherent monitoring and evaluation framework.

There is a good basis for this work to begin, with a wide range of data and feedback being collected through various committees and working groups.

The curriculum review and development is undertaken regularly by College staff and fellows, through the committee process and supported by an external medical education consultant. Major reviews are planned every five years and the most recent updates were made in 2016.

There are many very positive evaluation activities being undertaken but these are not collated centrally or systematically analysed.

The Board receives feedback on the basis of the College Risk Register, feedback from the committees (including the Education Committee, Training Committee, Curriculum Working Group and Board of Censors) and the Registrar (trainee) representative on the Board. The Training Committee is largely responsible for the monitoring of the training program and manual, and reviews six-monthly feedback from the Zone Training Coordinators, along with any suggestions made by trainees or members of the broader community.

Many supervisors are members of committees and are thus able to provide direct input and a new Fellow Annual Satisfaction Survey (FASS) was implemented for the first time in 2017.

Workshops at the College's Annual Scientific Conference is a key mechanism for wider engagement of fellows and trainees in key curriculum developments.

The team found good evidence of the informal processes for the College seeking feedback from trainees and supervisors. These groups felt that the informal processes were effective given the small size of the College and the supportive culture and collegial network between trainees, fellows and the College staff.

Trainees reported they felt very engaged in the College and were able to identify a variety of ways they provide feedback to the College, including informally via the Zone Training Supervisors, College complaints process, College staff and Registrar Mentor and formally via the Registrar Representative, and the 2017 Registrar Annual Satisfaction Survey. There was some reluctance to provide feedback on their supervisor but overall there were many examples of changes in

response to trainee feedback on online learning modules, examinations, short courses, weekly tutorials or the quality of supervision and training. However, there was no structured collation or analysis of the many feedback channels.

Supervisors reported they felt they were able to contribute to the training program and outcomes, and fellows reported a high level of satisfaction with their interaction and involvement with the College but again, there was no evidence of structured or collated feedback across the multiple channels.

The logbooks also provide a mechanism for monitoring the caseloads and experiences of trainees. The College is piloting a proforma for capturing data from the trainee logbooks and plans to use the data for monitoring and evaluation. While the efforts to monitor the caseload across practices and develop benchmarks linked to training outcomes is welcomed, most trainees found the logbook an onerous task and a burden to complete.

The College is to be commended on its responsiveness to trainee and fellow feedback.

However, the College largely relies on informal mechanisms of evaluation and there was no evidence of a documented formal process for curriculum review utilising multiple sources of data from the committees. These could include admissions, trainee progression and completions, assessment quality, curriculum quality, quality of supervision, quality of the practice experience, facilities, infrastructure and resources, graduate outcomes and employment, program cost and viability, and student wellbeing. This needs to be urgently addressed to provide a sound basis for the curriculum review.

Additionally, the team found no evidence that 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.

6.2, 6.3 Evaluation and feedback, reporting and action

The accreditation standards are as follows:

- 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.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.
- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- 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.

6.2.1, 6.3.1 Team findings

There is no evaluation framework to determine the appropriateness of training and trainees' achievement of the learning outcomes.

In 2011, the College conducted an online survey of newly graduated fellows asking them to self-assess their preparedness for specialist practice. However, no standards have been developed to evaluate the program and graduate outcomes with the exception of a few items in the 2017 FASS.

The College currently utilises trainee completion and pass rates for the Part 2 Examination as the main evaluation measure for success. The Board of Censors undertakes this monitoring of summative assessments.

There was evidence of data sharing and reporting on feedback through the committee structures to the Board but these appeared to be disparate events and, as described above, there was no evidence of systematic collation or evaluation in the reports.

The College uses a number of avenues (including newsletters, social media, the Annual Scientific Conference) for communicating responses to feedback to trainees and fellows, and they reported feeling well informed about incremental changes. Trainees and fellows reported feeling less well informed about the direction of the College on more strategic issues such as the development of the broader scope of practice in exercise medicine.

The College's engagement with national stakeholders has strengthened though this does not appear to include seeking feedback on graduate and program outcomes or reporting evaluation results. Some stakeholders, notably Leaders in Indigenous Medical Education Network and Sport Australia would welcome having opportunities to provide formal input into the training program.

The College has an extensive risk register at the Board of Directors level plus a separate risk register for the Board of Censors, which are reported regularly through the governance structures. The Training Committee is now planning to implement a risk register related to the quality of the training and education program. It is not clear how the interrelated risks in training and assessment will be reviewed and managed. While the Board's risk register includes an appropriate focus on risks related to educational activities, the large number of items and lack of escalation framework make it difficult to identify the higher and less well controlled risks. The Board may consider developing a formal risk management framework to support this function with clear processes and responsibilities for identifying and monitoring risks across the committees and a focus on higher risk and less well-controlled risks at Board level.

There was evidence of responsiveness to concerns about risks to quality that were escalated to committees, including timely and supportive intervention related to concerns about bullying and harassment, work/life balance and burnout.

The College recognised the need to formalise a monitoring and evaluation framework. It has begun discussions on the development of a framework of reporting against the standards through the committee systems and plans to address this challenge with increased staff at the College.

Commendations

- L The College's responsiveness to informal feedback from trainees and fellows. (Standards 6.1.2 and 6.1.3)

Conditions to satisfy accreditation standards

- 12 Develop a documented, systematic framework for monitoring evaluation and feedback activities that inform the quality improvement and curriculum renewal processes, which includes evaluation data from trainees (performance, experiences and outcomes) and feedback from stakeholders including consumers. (Standard 6.1)
- 13 Develop standards for evaluation and systematically analyse qualitative and quantitative data on program and graduate outcomes to provide assurance and identify options for improvement. (Standard 6.2.2)

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| 14 | Develop a framework for the systematic reporting of results from monitoring and evaluation activities through College governance and administrative structures. (Standard 6.3.1) |
| 15 | Share evaluation and outcomes data with stakeholders systematically, to inform program renewal. This is particularly important in the early stages of the curriculum review to inform discussions on the program outcomes (and CPD content) related to broader exercise medicine aspects of specialty practice. (Standard 6.3.2) |

Recommendations for improvement

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| OO | Develop an alternative approach, for example, a minimum caseload approach to monitor patient exposure across training sites. (Standard 6.1.1) |
| PP | Develop a risk management framework with clear processes and responsibilities for identifying and monitoring risks across the committees. The Board's risk register could be simplified so that the focus is more on higher risk and less well controlled risks. (Standard 6.3.4) |

B.7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

- 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.
- 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.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- 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.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 Team findings

The College provides an overview of the training program interview and selection policy on its website. It accepts applications from prospective trainees who meet basic eligibility criteria, which include: a period of pre-vocational practice of three years (PGY4+) with general medical and surgical experience, and successful completion of the Part 1 Examination.

Upon meeting these criteria, applicants are asked to submit a standardised CV with their application, which is scored against criteria by three scorers, including two College fellows on the Interview and Selection Panel and a staff member from the National Office. Once scored, the CVs are ranked and the top candidates are invited for interview.

The interview process is a structured multi-station interview format with six stations that are designed to assess knowledge of the College process, the role of sport and exercise medicine physicians, different aspects of the CanMEDs framework and situational judgement. Each station comprises two fellows, scoring the each candidate against a standardised framework.

After the interview process, the CV and interview scores are combined to decide program offers.

Unsuccessful applicants are personally telephoned by the Chair of Training and a follow-up letter is sent to advise of the outcome of their interview and to highlight areas for improvement if the applicant wishes to reapply. Similar feedback is also provided to those not offered an interview.

Over the 2016-18 period, 10-11 trainees were selected per year in Australian and two-three trainees were selected per year in New Zealand.

The team confirmed that the process by which trainees are selected into the training program is merit based and fair. It reflects the curriculum of the training program on which trainees will be subsequently assessed and which is based on recognised standards.

The College has demonstrated evidence of supporting increased recruitment of Aboriginal and Torres Strait Islander, Māori and rural applicants with additional points given to these applicants on the scoring template. This is further supported by engaging with stakeholders to offer scholarships to Aboriginal and Torres Strait Islander and Māori medical students to attend the annual conference. Although this is commended, the team notes the additional weighting is slight so further stakeholder engagement and increased weighting may be required to attract more Aboriginal and Torres Strait Islander and Māori applicants.

The development of a policy regarding leave and flexibility for cultural activities may also be desirable, in order to demonstrate a commitment to this group.

The team commends the steps taken to analyse the selection methods. Further analysis of the progress of trainees from different practice backgrounds would help to identify if the Part 1 Examination and CV assessment are providing an appropriate standard of entry to the program – for example whether particular areas of previous experience are associated with smoother progress and whether the examination provides an appropriate entry threshold.

The College has recently made efforts to link prospective trainees with supervisors, and newer trainees reported that this has significantly improved understanding of the requirements of the program. Some trainees felt that further information regarding payment and financial expectations should be clearly available and communicated to prospective trainees, given the unique context by which the College operates in the private sector.

The College assigns training site placement for first year trainees based on the combined CV score and interview process. Assignment to practices for subsequent training years can be opaque in cities where there are a number of practices and trainees felt that while they appeared to be reasonable placements more transparency would increase confidence in the process.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

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

7.2.1 Team findings

The trainees have a Registrar Representative Group (RRG) consisting of the Head Registrar Representative and Zone Registrar Representatives. The Head Registrar Representative sits on the Board and the Training Committee, and is able to independently place matters on the agendas of each.

The RRG meets at the Annual Scientific Conference, with representatives being elected at the meeting following submission of an expression of interest before the meeting. Resources and position guidelines are available to assist the registrar representatives in their roles. The group is supported by the National Office, with administrative support from the Registrar and Training Coordinator.

The team found that trainees have a good understanding regarding the nature of trainee representation within the College, and overall felt that they are well represented within the governance structure, with clear lines of communication to the Head Registrar Representative member.

The trainee representatives reported they felt comfortable in their roles, and have access to support from the clinical supervisors, zone coordinators and members of the board if they have concerns.

Some trainees were a little apprehensive or unsure regarding the future direction of the College and therefore it would be beneficial for the working group to engage with the wider cohort of trainees, beyond the two trainee representatives.

7.3 Communication with trainees

The accreditation standards are as follows:

- 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.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3.1 Team findings

The College's website is the primary source of information regarding the training program for both current and prospective trainees. It outlines information regarding the training program and fees, the College structure and policies.

The College communicates directly to trainees through email and via social media. There is also a clear and direct link of communication with trainees and their supervisor, Zone Training Coordinators and trainee representatives.

The team found that trainees reported a high level of satisfaction with the communication they received from the College. There are numerous clear means of communication with supervisors, fellow trainees and directly from the College.

Regular meetings with training supervisors, and six-monthly meetings with Zone Training Coordinators seem to provide trainees with multiple avenues of providing and receiving feedback.

The Zone Training Coordinator role in particular has been well received by trainees.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- 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.

7.4.1 Team findings

The College has recently created a clear distinction between the Clinical Training Supervisor, Zone Training Coordinator and mentor roles which is an effective way to increase avenues for support and escalation of concerns and also to ensure trainees have access to oversight, independent of their employer.

The College promotes strategies for a supportive learning environment by providing several layers of support to trainees via various positions of supervision, including:

- Clinical Training Supervisor – has regular contact with the trainee and receives training from the College in the form of eLearning modules regarding trainee wellbeing, identifying struggling trainees and strategies for helping trainees overcome difficulties.
- Zone Training Coordinator – meets with the trainee twice a year to discuss any issues about training requirements, health and wellbeing, and personal issues and can provide advice or escalation if necessary.
- Mentor – each trainee is strongly encouraged to have a mentor throughout their training who practices in a different location (usually in a different state) in order to help guide and support the trainee through various matters relating to study, personal matters or other issues related to training. The College does not have a formal mentoring program, however collects information to help facilitate the process of finding a mentor.

In addition, the College has a peer support group, led by experienced fellows who are able to be contacted for impartial advice on a variety of matters.

The College offers access to an external Employee Assistance Program (EAP) to all members, including trainees, and has recently established a Mental Health Plan for both fellows and trainees.

The team was provided with multiple examples of the College allowing for flexibility in training to support trainees address family or personal matters.

Trainees reported that they are well supported by the College, are aware of the available support networks and of the process to access them. Trainees feel that the College is proactive in the support of trainees and their mental health, with wellbeing initiatives led by the current College leadership group. They also appreciated the mentoring program.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports Trainees in 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.
- 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.

7.5.1 Team findings

The team found that the College is proactive in addressing problems with trainee supervision and personal issues, with clearly articulated means of escalation.

The College has formal and informal procedures to address issues that relate to problems with training supervision and requirements, and other personal issues.

For minor issues, trainees can contact one of the layers of support such as their direct supervisor, Zone Training Coordinator or mentor. Trainees are encouraged to contact the person they feel most comfortable with. Minor complaints are generally raised directly by trainees with the National Office.

More serious issues are raised via College staff or the trainees' Zone Training Coordinator using the College Grievance Policy and Procedure.

For issues relating to trainee supervision and or professional requirements, the College will schedule an accreditation visit, outside the usual accreditation schedule to attempt to resolve the issue.

For issues relating to personal behaviour, including bullying and harassment, the College requires the grievance to be raised formally and submitted to the College National Office, as per the Grievance Policy and Procedure. The Bullying, Harassment and Discrimination Policy is also available on the College website for all members.

Given the personal relationships with the training supervisors and the delivery of training within the private setting, the College acknowledges the challenges for trainees in providing open feedback on their training practice experiences and the range of routes for providing feedback is one response to this.

The positive side of this challenge is that, due to the generally very good interpersonal relationships between trainees and fellows, trainees reported feeling satisfied with the processes in place to escalate their concerns regarding training or personal issues.

There have been limited examples of formal complaints regarding bullying, however, there was triangulated evidence of the College resolving training-related disputes between the trainees and their supervisors in an independent and supportive matter.

Commendations

- M The College actively promotes trainee wellbeing and support for trainees in a variety of forms, with clear lines of feedback and communication that is well received by trainees. (Standard 7.4)
- N The College is very accommodating of and flexible towards trainees with varied personal requirements. (Standard 7.4.2)
- O The College has dealt proactively, seriously and independently with bullying and interpersonal concerns in a way that was appreciated by supervisors and trainees. (Standard 7.5)

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- QQ Increase the weighting used in the selection process to encourage recruitment of trainees from Aboriginal and Torres Strait Islander and/or Māori backgrounds and those with an interest in working in rural areas. (Standards 7.1.2 and 7.1.3)
- RR Include cultural leave within policies relating to leave and/or flexible or interrupted training to demonstrate a commitment to including Aboriginal and Torres Strait Islander, and Māori trainees and to cultural diversity more generally. (Standard 7.1.3)
- SS Articulate the allocation of training site selection after the first year to be transparent. (Standard 7.1.4)
- TT Improve documentation about payment and financial expectations to prospective trainees. (Standard 7.1.4)

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

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support Trainees to achieve the program and graduate outcomes.
- 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 education provider selects Supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of Supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from Trainees.
- 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.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from Trainees.

8.1.1 Team findings

The Training Manual sets out the role of the Clinical Training Supervisor and Clinical Training Instructor across various sections, which would benefit from being consolidated.

A Clinical Training Supervisor (CTS), who must be a fellow of the College, provides the developmental supervision. The CTS must complete Workplace-Based Assessments (WBAs) of trainees and six-monthly reports. The CTS is also expected to support the weekly tutorial program.

A Clinical Training Instructor (CTI) may be within the same practice as the CTS providing sessional supervision or may be a fellow of another College who provides clinical supervision of the trainee in clinical posts not associated with the CTS, e.g. emergency, orthopaedics and radiology. Currently, allied health professionals are not able to act as CTIs, which the College may wish to reconsider to broaden the range of community based settings available.

Trainees are required to gain experience of providing medical support for team events: major event coverage, collision/contact team coverage, event coverage for elite athletes, and minor event coverage. Prior to participation, they must seek approval from the Registrar and Training Coordinator in the College. The supervision ranges from on-site to distant (overseas) supervision, depending on the nature of the event and the competence of the trainee and is agreed beforehand, along with the supervisory contact.

The Zone Training Coordinator (ZTC) is a fellow of the College who plans and coordinates the placement of trainees in training posts within their state/territory or region. They also have supervisory responsibilities for trainees in another state, territory or region to provide objective feedback and address potential conflicts of interest. The ZTC reviews trainee progress at six-month intervals. The review covers all activities, including the WBAs and Supervisor Reports.

During the site visits the team met with dedicated and enthusiastic supervisors. The challenges of providing supervision in a private practice, where supervision is not remunerated and where spending time with a trainee takes away consulting with billable patients, were clear to the team.

Supervisors accepted this as the environment in which they operated and remained committed to providing high-quality supervision and training. Some supervisors did raise concerns about the capacity to increase trainee numbers further given the small number of College fellows who could afford to provide supervision.

The College is small, and both supervisors and trainees identified that this meant that there was a very collegial approach and easy sharing of information. The supervisors felt supported by the College. Both supervisors and trainees considered that the overall level of support from the College had significantly improved over the last three years.

The College does not have a formal process for selecting supervisors; they are nominated by the practice. However, potential supervisors are encouraged to complete the Supervisory Training e-modules prior to taking a trainee and these are part of the mandatory CPD requirements for supervisors. Supervisors all understood their role and the College's requirements.

Trainees noted that supervisors are providing supervision and teaching on a pro bono basis and were very appreciative of their commitment. Therefore, there was a general reluctance to provide negative feedback about supervisor performance. However, trainee feedback was very positive overall, with a few examples of dissatisfaction that trainees reported the College had worked to address.

There seemed to be variability about the formal feedback that supervisors and practices received from the College. Some supervisors reported receiving regular feedback while others only received feedback if there was a specific issue raised by a trainee. From the AMC survey of supervisors, 50% of respondents registered a neutral response to the College's provision of helpful feedback on their performance as a Clinical Training Supervisor. One practice with a number of trainees undertook an in-house trainee survey that identified areas for improvement by the practice.

The ZTC reviews the WBAs completed by supervisors, however there is no evaluation or comparison of WBAs across different practices and supervisors, and no feedback is provided to supervisors on WBA. It is recommended that the College develop and implement a process to provide supervisors with meaningful and regular feedback on their performance, including their use of WBAs and tutorial presentations.

There is no selection process for clinical and written examination assessors but they are required to complete the Examiners Module and attend workshops at the Board of Censors Annual Conference. New clinical examination assessors are required to be observers the first year. Assessors reported that they did not receive systematic feedback and this needs to be addressed.

In addition to the formal supervisory relationships, the College assists each trainee to have a mentor. The team found that the College mentoring approach was working well. To ensure that mentors have no direct training or supervisory role with the trainee, a mentor is often an interstate fellow.

8.2 Training sites and posts

The accreditation standards are as follows:

- 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 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 information communication technology applications, required to facilitate their learning in the clinical environment.
- 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.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 Team findings

The Training Practice Accreditation Regulation sets out the accreditation process and requirements in accordance with the standards. The Accreditation Committee has responsibility for accreditation of practices. This committee reports to the Board and makes recommendations on the accreditation status of a practice. As part of the accreditation process the practice and the Clinical Training Supervisor are accredited.

Practices seeking accreditation must complete and submit the Provisional Accreditation Application Form. Training practice accreditation can occur in two ways:

- Provisional (Desktop) Accreditation is completed by practices who have not yet had a Site Visit Accreditation.
- Site Visit Accreditation is completed every five years and involves interviews with the practice supervisors, trainees, practice managers and review of the practice caseload and trainee logbooks.

Since 2014, the College has accredited 44 training practices (40 in Australia and four in New Zealand). Seven practices initially received provisional accreditation of 12 months, the remaining 37 receiving a full five-year accreditation. All practices that have applied for accreditation achieved it, but some with conditions.

The College accreditation process is clear and transparent; the use of standards and a template ensures a structured and consistent accreditation approach. Training practices or Clinical Training Supervisors raised no concerns or issues about the accreditation process.

The College does not have a formal process for monitoring accredited sites between accreditation visits but will respond to feedback received from the Zone Training Coordinator or Training Committee and clearly prioritise trainee welfare. The documentation and interviews confirmed a case where a practice had its provisional accreditation removed (full accreditation not granted) following investigation of concerns raised by a trainee. While an ad hoc basis has worked to date there is a need for a more systematic process to collect feedback to inform the accreditation process across the five-year cycle.

As noted earlier, the majority of trainees reported that parts of the detailed medical content is uncommon or inaccessible in their training practices. Supervisors have responded by developing relationships with doctors in other specialties and allied health professionals to augment the experience at their training practice. The College advised that they are involved in discussions with a number of colleges about mutual recognition of accredited posts. The team considers this is a good approach as it may provide trainees with greater training opportunities relating to the broader medical components of the curriculum.

As noted under standard 1, significant efforts have been made to encourage jurisdictions to increase training places in public health settings and, in Indigenous health services but the College has not yet received support.

Commendations

- P Supervisors' commitment to training in a private practice setting and their efforts in developing relationships across the health sector to support trainees gain exposure to the breadth of the curriculum. (Standard 8.1.1)
- Q The College mentoring policy that supports each trainee to have a mentor who does not have any direct supervisory role or relationship with them. (Standard 8.1.1)
- R Addressing the potential conflict of interest between Clinical Training Supervisor and Zone Training Coordinator roles by assigning interstate/inter-regional Zone Training Coordinators. (Standard 8.1.1)
- S The use of standards and a template for the accreditation of sites to ensure a transparent and consistent approach. (Standard 8.2.1)

Conditions to satisfy accreditation standards

- 16 Develop and implement a process to provide supervisors with meaningful and regular feedback on their performance, including their use of workplace-based assessments and tutorial presentations. (Standard 8.1.3)
- 17 Develop and implement a systematic, documented process for monitoring training sites between five-yearly accreditation visits. (Standard 8.2.1)

Recommendations for improvement

- UU Consolidate the various aspects of the Clinical Training Supervisor role that are included in different sections of the Specialist Training Manual into a single, comprehensive role description. (Standard 8.1.2)

B.9 Continuing professional development, further training and remediation

9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- 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.
- 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.
- 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.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- 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.
- 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.
- 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.
- Additional MCNZ criteria: Continuing professional development – to meet MCNZ requirements for recertification.

9.1.1 Team findings

The CPD requirements are outlined in the CPD Handbook, which is publicly available on the College website.

Participation in CPD is mandatory for all active fellows except, honorary fellows. Fellows working in an overseas country are required to complete CPD requirements or provide evidence that they are participating in relevant CPD in the country in which they work.

A fellow who also holds a fellowship of another College, and who is a practising sport and exercise medicine, must participate in the College's CPD program regardless of any other CPD program they choose to participate in.

The College's CPD program operates on a three-year cycle and is overseen by the CPD Committee. Participants must accrue a minimum of 50 CPD points each year and 150 CPD points across the triennium. The CPD requirements are mapped to both Australian and New Zealand requirements.

Fellows must complete a minimum of two hours of a cultural competence activity every year as part of their CPD. The requirement to complete two hours of cultural competence training as part of CPD is a recent development. The CPD Committee indicated to the team that fellows have found

this challenging and that non-compliance in this area has been mainly due to fellows not understanding what resources were available to support cultural competency training.

They must also complete a resuscitation course and an anti-doping course every three years.

As part of the CPD program, fellows are involved in peer-led sessions, which they unanimously reported as very valuable, particularly for upskilling on new research and medical areas that they did not see commonly in their own practice. Given the reported challenges with the breadth and detail of the specialist program, the College may wish to consider how the CPD program provides structured development in some detailed areas of medicine, not commonly seen in training practices, and alleviate some of the detail currently required in the specialist program.

All Clinical Training Supervisors and Clinical Training Instructors must complete all four Clinical Training Supervisor modules once in each triennium.

The College audits 9% of CPD participants each year for proof of base records supporting claimed CPD activities each year, with 3% in each of the three CPD categories. CPD compliance in 2015 was 86% and in 2016, 83%. In 2017 the College had 100% compliance rate in New Zealand and a 90% compliance rate in Australia.

The College has undertaken significant work to clarify CPD requirements and develop resources to support CPD. This was noted and appreciated by fellows. Many fellows regarded the requirements as a significant commitment of time but acknowledged the relevance of the activities. The well-structured, multifaceted program includes ethics, professionalism and cultural competence. Peer learning sessions are particularly appreciated by fellows and often involve doctors from related specialties and allied health professionals.

The College has a robust process to monitor and follow up fellows who are not meeting CPD requirements. The vast majority of fellows meet them and the College is commended for the work undertaken in this area.

In New Zealand, the College understands its obligations to report non-compliant fellows to the MCNZ but there is no process in place to do so.

It was noted that it is currently not a requirement in Australia to report CPD non-compliant fellows to the MBA. It was not clear to fellows interviewed by the team if ongoing non-compliance had any impact on a fellow's status with the College and it would be helpful to fellows to clarify College membership status if they fail to comply with CPD requirements.

Fellows are able to upload CPD records on the College's CPD portal and this was spoken of very highly by many fellows.

9.2 Further training of individual specialists

The accreditation standards are as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

9.2.1 Team findings

The College has a policy on return to practice as a specialist in sport and exercise medicine after a prolonged absence (of three years or more). The policy requires the practitioner considering a return to sport and exercise medicine practice to apply to the Board of Censors (BOC) for an evaluation of their particular circumstance. The BOC will consider each request on a case-by-case basis and considers the applicant's participation in a CPD program, attendance at conferences, work and study undertaken during the absence from clinical practice and other relevant matters.

A fellow absent for three to five years must comply with the Medical Board of Australia and the Medical Council of New Zealand requirements and submit a professional development plan to the

BOC. Options for upskilling for return to practice may include mentoring, CPD programs, supervised practice and specific courses. Workplace-based assessments may be required.

The College considers that an absence from clinical practice of greater than five years may significantly compromise clinical skills and knowledge. If the BOC feels that that is the case when evaluating the request to return to clinical practice, formal re-assessment may be required.

The College's approach to supporting return to practice after a prolonged period of absence is consistent with the Medical Board of Australia and Medical Council of New Zealand policies on recency of practice/return to registration.

The College has advised that in the last five years no requests for retraining have been received.

9.3 Remediation

The accreditation standards are as follows:

- 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.
- Additional MCNZ criteria: Remediation of poorly performing fellows.

9.3.1 Team findings

The College does not have a process for remediation of under-performing fellows.

Commendations

- | | |
|---|---|
| T | The significant improvements in clarifying continuing professional development requirements and providing online recording and resources, which was spoken of highly by many fellows. (Standards 9.1.1 and 9.1.4) |
| U | The robust process to monitor and follow up fellows who are not meeting continuing professional development requirements. (Standard 9.1.8) |

Conditions to satisfy accreditation standards

- | | |
|----|---|
| 18 | Develop a process for reporting fellows who do not comply with continuing professional development requirements to the Medical Council of New Zealand. (Standard 9.1.2) |
| 19 | Develop a policy and process for remediation of fellows who are identified as underperforming. (Standard 9.3) |

Recommendations for improvement

- | | |
|----|--|
| VV | As part of the curriculum review, consider how continuing professional development could provide opportunities to develop more in-depth medical knowledge in related areas and/or broader scopes of practice in exercise medicine. This may help focus the specialty program on core graduate outcomes. (Standard 9.1.3) |
| WW | Engage with national and local stakeholders to update the continuing professional development content on cultural competence and safety. (Standard 9.1.3) |

B.10 Assessment of specialist international medical graduates

10.1 Assessment framework

The accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

10.1.1 Team findings

The College is appropriately prioritising development in the area of assessment of specialist international medical graduates and has made good progress on the process for the initial review of applications.

It recognises that significant further work is required because the current process does not yet entirely satisfy the guidelines of the Medical Board of Australia (MBA) and the Medical Board of New Zealand (MCNZ). There was clear evidence that the Committee is actively reviewing the College's processes for specialist international medical graduate assessment including the development of a detailed formal policy to comply fully with the MBA and MCNZ requirements. It has engaged with other specialist medical colleges on this work. There was evidence of close engagement with other colleges to share practice.

The College has a very low number of applications from specialist international medical graduates (two-three per year). Its process for the assessment of specialist international medical graduates (SIMG) is overseen by its Overseas Trained Specialists (OTS) Committee, which has terms of reference and reports to the Board of Censors. The Board of Censors sets the standard for examinations and a program pass.

The minimum membership comprises a member (or past member) of the Board of Censors, a member (or past member) of the Training Committee and a fellow who has been through the SIMG assessment process. There is no community or lay representative on the Committee (as recommended under the MBA's Good Practice Guidelines). Committee membership is published on the College website, but not the terms of reference.

The policy for OTS Committee members declaring conflicts of interest is not included in the terms of reference, nor is there any mention of procedural fairness.

The initial assessment of specialist international medical graduates is a paper-based process which is based on the MBA and MCNZ guidelines.

Brief guidelines for prospective applicants and an application form are published on the College website. Whilst the application form has fields for completion there are no explanatory notes for any of the fields and it does not give details of the certified documents required.

The OTS Committee review the documentation and determine the comparability of the applicant. Further information may be sought from the applicant by the committee via the National Office.

An interview may be requested with the OTS Committee, generally via teleconference. If a decision cannot be reached by the committee this will be escalated to the Board of Censors.

The majority of overseas training programs in sport and exercise medicine (or related areas) do not have an exit examination equivalent to the College Part 2 Written and Clinical Examinations, therefore most applicants are required to undertake the College Part 2 Examination.

Depending on the degree of comparability, there is generally a requirement for specialist international medical graduates to complete 12 to 24 months of supervision under a College fellow. It is the responsibility of the applicants to organise employment and supervision.

The majority of specialist international medical graduates are assessed as partially comparable.

Currently the College does not have a process for undertaking assessment of specialist international medical graduates based on area of need.

There is no clear appeals process for specialist international medical graduates who are unsatisfied with the outcome of the assessment.

There are a number of aspects of the application process missing or requiring clarification including:

- ensuring that there are formal processes in place to declare and manage conflicts of interest for OTS Committee members
- ensuring that there is a detailed application process for specialist international medical graduate applications including listing required documents and evidence, demonstrating procedural fairness and articulating the process for appeals; this should be published on the website. The team noted brief guidelines for prospective applicants and an application form are published on the College website, however there are no explanatory notes for any of the fields and no details of the certified documents required.
- clarifying the process for determining comparability to ensure consistency and publishing information relating to the basis on which applicants are assigned to the categories of substantially, partially or not comparable
- documenting and publishing requirements and procedures for supervision and examinations for applicants deemed partially or substantially comparable
- determining a process for assessing specialist international medical graduate applicants for area of need
- ensuring relevant policies include a statement requiring the MBA to be notified of any information received by the College for the purposes of interim assessment that raises concerns about a specialist international medical graduate's suitability for registration
- documenting the policy for reassessment.

Specific MCNZ requirements are not published, notably regarding:

- having a process for assessing relative equivalence namely qualifications, training and experience
- notifying the MCNZ of concerns
- clearly identifying differences between specialist international medical graduate qualifications and College fellowship requirements
- Notifying the MCNZ of those differences and requirements to bring the specialist international medical graduate up to the required standard
- an administrative law requirement providing well-reasoned advice with paperwork and interview information

- advising the MCNZ on the content of vocational practice assessments.

10.2 Assessment methods

The accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

10.2.1 Team findings

Specialist international medical graduates are required to complete WBAs utilised in the College training program. These include Case based Discussion, Direct Observation of Procedural Skills and Mini Clinical Evaluation Exercises with the choice of assessment determined by their College supervisor. Following the completion of their supervised time, the supervisor is then required to provide a report to the OTS Committee stating whether they believe the specialist international medical graduate is satisfactorily operating at the level of a specialist sport and exercise physician.

Further work is required to establish an evaluation framework that will provide assurance that the College's processes are fit for purpose. This would include processes for documenting whether the graduate is fulfilling the College's requirements, identifying the roles and responsibilities of the supervisor(s), the appropriate level of supervision, clarifying the processes for addressing any issues arising during periods of supervision/peer review and a mechanism to evaluate the outcomes of the assessments and any issues identified.

The current College policies do not state the requirements to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

10.3 Assessment decision

The accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

10.3.1 Team findings

The College has clear definitions regarding the categories of substantially comparable, partially comparable and not comparable and these are based on comparison to the specialist curriculum and assessment framework during the review process. It should also be noted that the MCNZ uses the term 'equivalent to or as satisfactory as' because the MCNZ does not require that an international medical graduate obtains fellowship in order to gain vocational registration in New Zealand.

The application of the definitions by the College and the consequential additional requirements are neither documented in a formal policy nor published.

The College has adopted the definitions set by the MBA, where 'Substantially Comparable' specialist international medical graduates are expected to have completed a minimum of four

years of training. This should include academic modules in the same categories as required by the College, namely sports pharmacology, sports psychology, biomechanics, sports nutrition and research methodology. It is also expected that a logbook of cases seen during the training period is kept. Supervisor reports should also be available for the duration of their course. Copies of formative assessments undertaken during the training and a summative exit examination with written and clinical testing should also be available. Team and event coverage experience is also required.

It is rare for a specialist international medical graduate to be assessed as substantially comparable because generally the training in other countries does not include an exit examination and the scope of training is narrower. If the specialist international medical graduate is deemed substantially comparable they may still be required to complete the Part 2 Examination. The procedure for sitting and the pass criteria of the examination are at the discretion of the Board of Censors and the usual criteria applicable to local trainees may be waived.

Specialist international medical graduates who are assessed as 'Partially Comparable' will generally be required to complete supervision and examination requirements, although the length of supervision will be unique to their application. Other requirements will be set based on the applicant's qualifications, training and experience.

An applicant may be considered 'Not Comparable' if they have had no comparable training, or very limited scope of training in sport and exercise medicine without the demonstrated features above. Currently the College does not have a formal written process for recognition of prior learning for those who are assessed as not comparable compared to a locally-trained specialist. Those deemed not comparable have the option of completing the entire training program or continuing with building their CV for future assessment.

There is currently no process documented for specialist international medical graduates to request re-assessment or to make an appeal.

The OTS Committee is committed to ensuring that assessments are made within reasonable timeframes and applicants are kept informed of their progress. The small number of specialist international medical graduates interviewed seemed comfortable with the timeliness and content of the communication regarding the outcome of their applications, and felt that the assessment was fair.

10.4 Communication with specialist international medical graduate applicants

The accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

10.4.1 Team findings

As detailed under standard 10.1.1, there is brief information and an application form on the College's website. The fees for both the Australian and New Zealand pathways are published on a separate part of the website.

The College has one assessment fee which is payable at the time of submission of an application. Additional fees may be incurred by the specialist international medical graduate should they be required to complete examinations.

Applicants are provided with the dates of written and clinical assessments to ensure that these can be prepared for and completed within the allocated timeframe.

The specialist international medical graduates who were interviewed reported that while the documentation was lacking there had been clear and supportive communication from the College, the requirements were clear to them and the assessment outcome was received in a timely fashion. They felt that the assessment represented a fair response to the training they had received in comparison to the College requirements for fellowship.

Commendations

- U Recent work towards meeting the Medical Board of Australia and Medical Council of New Zealand requirements for assessment of specialist international medical graduates and benchmarking with other colleges. (Standard 10.1.1)
- V The inclusion of a fellow who has gone through the specialist international medical pathway on the Overseas Trained Specialist Committee. (Standard 10.1.1)

Conditions to satisfy accreditation standards

- 20 Publish a comprehensive policy for assessment of specialist international medical graduates that meets all the requirements of the Medical Board of Australia and the Medical Council of New Zealand. (Standards 10.1.1, 10.2.1 and 10.2.2)
- 21 Publish comprehensive instructions/guidelines for initial applications by specialist international medical graduates on the College's website. (Standard 10.1.3)

Recommendations for improvement

- XX Include a community/lay member on the Overseas Trained Specialist Committee, in line with best practice as detailed by the Medical Board of Australia. (Standard 10.1.1)
- YY Include a member on the Overseas Trained Specialist Committee who is able to provide advice on Medical Council of New Zealand guidelines. (Standard 10.1.1)

Appendix One Membership of the 2018 AMC Assessment Team

Associate Professor Caroline Clarke (Chair), BM, DM, FRACP, MRCP, FRACMA.

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Dr Linda MacPherson (Deputy Chair), MBBS, MHA (NSW).

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Ms Jacqui Gibson

Member, Community Reference Group, Australian Health Practitioner Regulation Agency (AHPRA). Community member, Australasian College for Emergency Medicine, Council of Education, Faculty of Clinical Radiology, Royal Australian and New Zealand College of Radiologists.

Dr Warren Groarke, MBBS, Dip Child Health, MRCGP (UK), Dip Sports and Exercise Medicine (Bath), FRNZCGP.

General Practitioner, Silverdale Medical. Medical Council of New Zealand Assessor, Performance Assessments. General Practice Trainer and Assessor, Registrar Assessments. Sports doctor, for both New Zealand and UK national and international teams.

Dr Anthony Trimboli, MBBS, BSc.

Radiology Registrar, Prince of Wales Hospital. Conjoint Associate Lecturer, University of New South Wales. HETI Future Leadership Development Program.

Dr Beatrice Tucker, BAppSc (Physiotherapy), PGrad Dip Phty, MSc, PhD.

Chair, Australian Physiotherapy Council Accreditation Committee. Manager, Evaluation and Academic Standards, Curtin University.

Ms Kirsty White

Director, Accreditation and Standards
Australian Medical Council

Appendix Two List of Submissions on the Programs of Australasian College of Sport and Exercise Physicians

Australasian Indigenous Doctors' Association
Australian and New Zealand College of Anaesthetists
Australian Medical Association
Australian National University
Australian Sports Commission
Bond University
Health and Disability Commissioner, New Zealand
Health and Education and Training Institute (HETI)
Health Consumers Alliance of SA
Leaders in Indigenous Medical Education (LIME) Network
Royal Australian and New Zealand College of Psychiatrists
South Australian Medical Education and Training Unit
University of Sydney
WA Health

Appendix Three Summary of the 2018 AMC Team's Accreditation Program

Location	Meeting
BRISBANE, QUEENSLAND	
<i>Monday, 23 July 2018 – Associate Professor Caroline Clarke, Ms Jacqui Gibson, Ms Kirsty White (AMC Staff)</i>	
Brisbane Sports and Exercise Medicine Specialists (BSEMS)	Director, BSEMS
	QLD State Coordinator
	Registrars
	Director, Fellow and Clinical Training Supervisor
Q Sports Medicine	Co-Medical Director
	5 th Year Registrar
	Clinical Training Supervisors
	Practice Manager
SYDNEY, NEW SOUTH WALES	
<i>Tuesday, 24 July 2018 – Dr Linda MacPherson, Dr Anthony Trimboli, Ms Juliana Simon (AMC Staff)</i>	
Stadium Sports Medicine Clinic	Practice Manager and Directors
	NSW State Training Coordinator
	NSW Registrars
	Clinical Training Supervisors
Sydney Sports Medicine Centre	Practice Manager and Directors
	Registrars
	Clinical Training Supervisors
AUCKLAND, NEW ZEALAND	
<i>Thursday, 26 July 2018 – Dr David Bainbridge, Dr Warren Groarke, Ms Emily Douglas (MCNZ Staff)</i>	
Axis Sports Medicine	Practice Manager
	NZ Training Coordinator
	Registrars
	Clinical Training Supervisors
	Teleconference with Ministry of Health New Zealand and Health Workforce New Zealand
Teleconference with Anglesea Sports Medicine and Capital Sports Medicine	Clinical Training Supervisors

Location	Meeting
MELBOURNE, VICTORIA	
<i>Wednesday 1 August 2018 – Dr Linda MacPherson and Dr Beatrice Tucker</i>	
Olympic Park Sports Medicine	Chief Executive Officer
	Registrars
	Clinical Training Supervisors
<i>Wednesday 1 August 2018 – Dr Warren Groarke, Dr Anthony Trimboli and Ms Juliana Simon (AMC Staff)</i>	
Alphington Sports Medicine	Practice Manager
	VIC State Training Coordinator
	Registrars
	Clinical Training Supervisors
<i>Wednesday 1 August 2018 – Associate Professor Caroline Clarke, Ms Jacqui Gibson and Ms Kirsty White (AMC Staff)</i>	
ACSEP Offices - Teleconferences	Registrars in SA, TAS, ACT, WA and NT
	Clinical Training Supervisors and Instructors in SA, TAS, ACT, WA and NT
	SA, WA and QLD State Health Departments

Team meetings with Australasian College of Sport and Exercise Physicians' Committees and Staff

Tuesday 31 August – Friday 3 August 2018

Associate Professor Caroline Clarke (Chair), Dr Linda MacPherson (Deputy Chair), Dr David Bainbridge, Ms Jacqui Gibson, Dr Warren Groarke, Dr Beatrice Tucker, Dr Anthony Trimboli, Ms Kirsty White (AMC staff), Ms Juliana Simon (AMC Staff).

Meeting	Attendees
<i>Tuesday, 31 July 2018</i>	
AMC Assessment Visit Overview	Chief Executive Officer/Board Member President, ACSEP Board Director, NSW Chair, Training Committee TAS Zone Training Coordinator NSW Zone Training Coordinator VIC Zone Training Coordinator Training Committee Members Registrar & Training Coordinator
AMC Standard 3 and 4 Curriculum and Teaching & Learning	Chair, Training Committee Vice-President, ACSEP Board Chair, Education Committee Registrar & Training Coordinator Training Committee Members Curriculum Working Group Research Committee Member
AMC Standard 6 Monitoring & Evaluation	Chair, Training Committee Operations Manager Registrar & Training Coordinator Marketing and Communications Specialist Training Committee Members Curriculum Working Group
AMC Standard 7 Issues relating to Trainees	Chair, Training Committee Operations Manager Registrar & Training Coordinator Training Committee Members Interview & Selection Committee Members
AMC Standard 8.1 Supervisory & Educational Roles	Chair, Training Committee VIC Zone Training Coordinator NSW Zone Training Coordinator NZ Zone Training Coordinator QLD Zone Training Coordinator

	WA Zone Training Coordinator Training Committee Members
New Fellows Meeting	QLD New Fellow NSW New Fellows
<i>Wednesday, 1 August 2018</i>	
AMC Standard 7 Registrar Committee Representatives	NZ Registrar Representative NSW Registrar QLD Registrar SA Registrar VIC Registrar WA/NT Registrar
AMC Standard 4 Demonstration of teaching and learning methods	Operations Manager Registrar & Training Coordinator Marketing & Communications Specialist
AMC Standards 1 and 2 Governance & Outcomes of Specialist Training and Assessment	President, ACSEP Board Chief Executive Officer Chair, ACSEP Board Vice-President, ACSEP Board Executive Director Executive Director, NZ Representative Independent Non-executive, Governance and Education Registrar Representative
<i>Thursday, 2 August 2018</i>	
AMC Standard 5 Assessment	Chief, NSW VIC Censors QLD Censor NSW Censors Operations Manager
AMC Standard 10 Assessment of SIMGs	Chief Executive Officer Chair, Overseas Training Specialist Committee Overseas Training Specialist Committee Members
AMC Standard 9 Continuing professional development (CPD), further training and remediation	Chair, CPD Committee General Member, CPD Committee Cultural Competency, CPD Committee Older Fellow – Pastoral Care, CPD Committee Audits, CPD Committee 2IC/Regular Peer Review, CPD Committee
AMC Standard 1.5 College education resources	Chief Executive Officer Registrar & Training Coordinator Marketing & Communications Specialist

Indigenous Health Committee	Chair, Indigenous Health Committee Indigenous Health Committee Members
AMC Standard 8.2 Accreditation of Training Sites	Chief Executive Officer Co-Chair's, Accreditation Committee Operations Manager
Consumer Representatives	Chair, ACSEP Board Independent Non-executive, Governance and Education Professional Standards Committee Members
Teleconference with SIMGs	SIMG, Based in WA/Ireland SIMG, Iran
<i>Friday, 3 August 2018</i>	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	President Chief Executive Officer

