Australian Medical Council Limited

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

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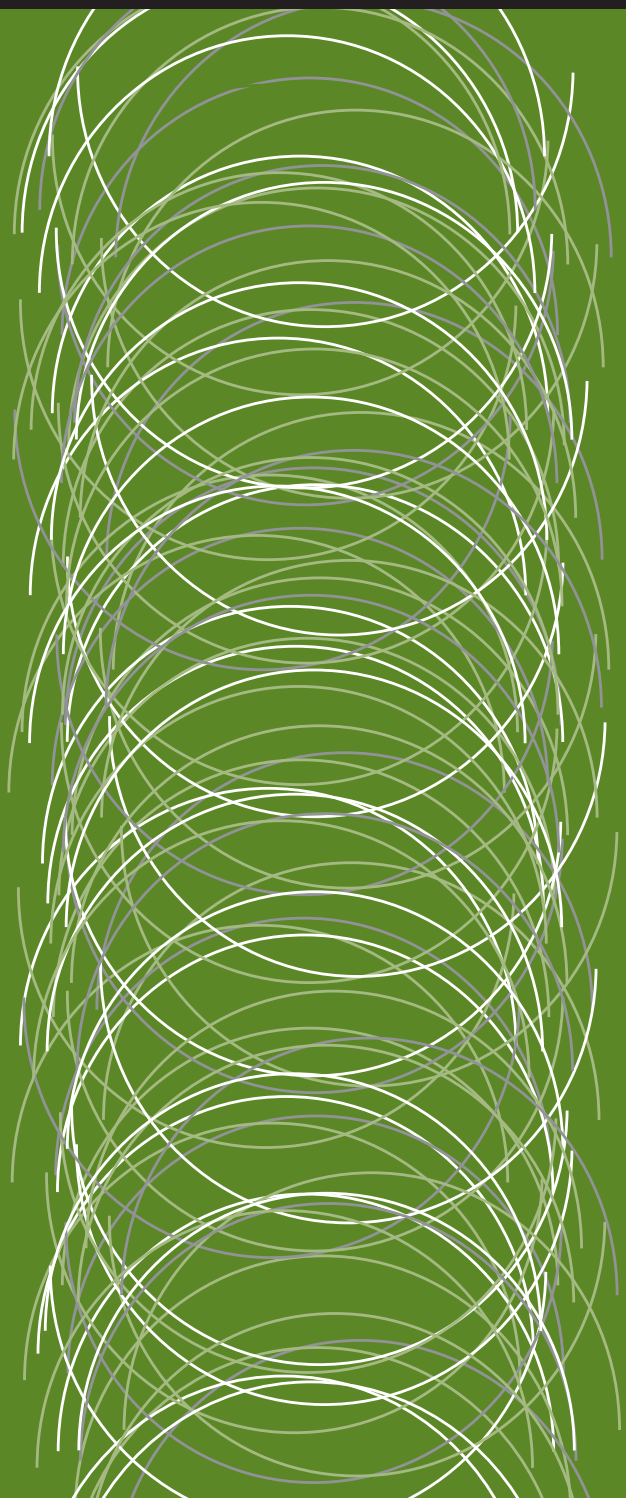

Specialist Education Accreditation Committee
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Executive Summary: Australasian College of Sports Physicians

The Australian Medical Council (AMC) describes its requirements for accrediting specialist programs and their education providers in the documents:

- *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2010;* and
- *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2011.*

An AMC Assessment Team assessed the education, training and professional development programs of the Australasian College of Sports Physicians (ACSP) in 2008. On the basis of this assessment, the AMC granted accreditation of the education and training program and the professional development programs of the College for six years, until December 2014 subject to satisfactory progress against the recommendations in the accreditation report and a review visit in 2011.

In 2011, an AMC Team completed the review of the College's programs, considering the progress against recommendations made by the 2008 AMC assessment. The Team reported to the 28 March 2012 meeting of Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors within the options described in the AMC accreditation procedures.

This report presents the Committee's recommendation on accreditation, as presented to the AMC Directors in April 2012, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law Act 2009*, 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 overall the education, training and continuing professional development programs of the Australasian College of Sports Physicians meet the accreditation standards. Since its accreditation in 2008, the College has largely addressed the recommendations made by the AMC. The College has significantly strengthened its governance structures, educational and training activities. The College has made considerable progress in clarifying its purpose and in the translation of this purpose into standards of training and continuing professional development. The College is commended for the completion of the curriculum review, development of explicit learning outcomes, an expanded suite of assessment tools and the engagement of educationalists, registrars, consumers and other stakeholders in this process. The College is required to develop a plan for the on-going development and review of the curriculum and assessment process.

The AMC Directors resolved:

(i) That the accreditation of the education and training programs and the continuing professional development program of the Australasian College of Sports Physicians to 31 December 2014 be confirmed, subject to satisfactory progress reports to the Specialist Education Accreditation Committee.

(ii) That this accreditation is subject to the conditions set out below:

(a) By the 2012 progress report, evidence that the College has addressed the following recommendations from the accreditation report:

1 Finalise and formally approve the terms of reference for all committees and College roles. (Standard 1.1)

2 Develop a plan for on-going development and review of the curriculum and assessment processes. (Standard 3.2)

3 Develop and publish specific learning objectives for the interstate year and implement an information campaign detailing the College's reconsideration, review and appeals process for registrars seeking exemption from the interstate year. (Standard 3.2)

4 Introduce the Professional Learning Portfolio to document registrars' individual learning plans and to inform reflective discussion with supervisors and State Training Coordinators. (Standard 4.1.3)

8 Approve a policy on assessment of overseas-trained specialists that is separate from the College's policy on other paths to fellowship. (Standard 5.4)

9 Document the College's requirements for the assessment of overseas-trained specialists and make this information publicly available. (Standard 5.4)

10 Publish in a publicly-accessible place the weightings for various elements of the selection process. (Standard 7.1.3)

13 Implement the planned program of training site accreditation visits and report on its effectiveness as site visits are completed in each state, territory or region in Australia and New Zealand. (Standard 8.2.1)

(b) By the 2013 progress report, evidence that the College has addressed the following recommendations from the accreditation report:

6 Ensure educational support is available to assist registrars to meet the requirement for completion of an Early Management of Severe Trauma (EMST)/adapted trauma course. (Standard 4.1.2)

7 Develop a formal process to inform Clinical Training Supervisors of the progress in the program of registrars who are transferring into their location. (Standard 5.2)

11 Implement the 'train the trainer' program, for new supervisors and for the ongoing development of existing supervisors and Clinical Training Coordinators. (Standard 8.1.2)

14 Implement a process to audit CPD activity reported by fellows to meet the Medical Board of Australia's CPD requirements. (Standard 9.1)

15 Review the requirements of the MOPS program; map the program objectives to the revised curriculum and the CanMEDS competencies. (Standard 9.1)

(c) By the AMC review of the College's comprehensive report in 2014, evidence that the College has addressed the following recommendations from the accreditation report:

5 Develop processes to facilitate greater sharing of tutorial resource materials across states and regions. (Standard 4.1.2)

12 Introduce a process for obtaining registrars' feedback on the satisfaction with their mentoring relationship. (Standard 8.1)

16 Endorse and implement the remediation policy for fellows who have been identified as underperforming. (Standard 9.3).

This accreditation decision covers the College's programs for the recognised specialty of sport and exercise medicine.

In 2014, before this current period of accreditation ends, the AMC will seek a comprehensive report from the College. As well as reporting on the conditions listed under (c) above, the report should outline the College's development plans for the next four to five 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 December 2018), taking accreditation to the full period which the AMC will grant between assessments, which is 10 years.

At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings

The findings against the nine accreditation standards are summarised below. Only those sub-standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so that the College meets accreditation standards are listed in the accreditation decision above (pages 2 to 3). The Team's commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)	Overall this group of standards is MET

Commendations

A The College's significant progress on governance issues, including the strategic plan, terms of reference and policies since 2008.

B The College's engagement of educationalists, registrars, consumers and other stakeholders in the curriculum redesign process.

Areas for improvement

AA Consider further initiatives in succession planning to mitigate the risk that much of the unique corporate knowledge and day-to-day operations rests directly with the Chief Executive. (Standard 1.2)

BB Develop and implement a formal risk management process to assist the College in identifying, assessing, preventing and managing risks. (Standard 1.2)

2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes)	Overall this group of standards is MET

Commendation

C The College's significant progress in further clarifying its purpose and the translation of this into standards for training and continuing professional development.

Areas for improvement

CC Refine the mission statement, strategic plan and operational plans of the College to ensure alignment between them and to increase the community's understanding of the role of sport and exercise medicine physicians, involving consumers (including sporting bodies), registrars and other stakeholders in this process. (Standard 2.1)

3. The Education and Training Program – Curriculum Content (framework; structure, composition and duration; research in the training program and continuum of learning)	Overall this group of standards is MET

Standard 3.2 (curriculum structure, composition and duration) is substantially met.

Commendations

D The College's revision of the curriculum, including the explicit learning outcomes, the expanded suite of assessments and the suggested teaching and learning methods.

E The College's review of the mandatory research requirements for training and the flexible suite of research options available for registrars.

Areas for improvement

DD Actively communicate with registrars, Clinical Training Supervisors and Clinical Training Instructors on the features of the revised Manual for Candidates to ensure that all are aware of the Manual and changes made to it. (Standard 3.1)

4. The Training Program – Teaching and Learning	Overall this group of standards is MET

Standard 4.1.2 (integrated practical and theoretical instruction) and 4.1.3 (increasing degree of independent responsibility) are substantially met.

Commendation

F The standardisation of tutorial program content through the development of defined learning objectives.

Areas for improvement

Refer to recommendations 4, 5 and 6.

5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)	Overall this group of standards is SUBSTANTIALLY MET

Standard 5.2 (performance feedback) is substantially met. Standard 5.4 (assessment of specialists trained overseas) is substantially met.

Commendations

G The College's significant effort in the development of mini-CEX, DOPS and case-based discussion assessments which match the curriculum and enhance the learning objectives.

H The College's introduction of team and event coverage assessments.

Areas for improvement

EE Clarify whether the Professional Learning Portfolio will be a formative aid to learning only, or will also be used as a summative assessment mechanism. (Standard 5.1)

FF For assessment by the Part 2 examination, continue to revise and enlarge the bank of MCQ questions and continue removing all Type 2 (K-type) questions. (Standard 5.3)

GG Provide feedback to candidates who fail the Part 2 examination; for long cases by stating which aspects of the assessment was unsatisfactory, and for short cases where there is an overall assessment, which cases were unsatisfactory and why. (Standard 5.2)

6. The Curriculum – Monitoring and Evaluation	Overall this group of standards is MET

Commendation

I The College's involvement of a wide range of stakeholders, including other health professionals and the registrar group in curriculum development.

Areas for improvement

HH In engaging consumers, consider the value of engaging with consumer groups of specific relevance to the College such as sporting teams. (Standard 6.1)

II Continue to obtain feedback data from registrars, Clinical Training Supervisors and newly graduated fellows on a routine and anonymous basis in relation to all aspects of the training program and report on the findings. (Standard 6.1 and 6.2)

JJ Publicly report on graduate numbers in the College's annual report or similar publication. (Standard 6.4)

7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)	Overall this group of standards is MET

Standard 7.1.3 (documents and publishes its selection criteria) is substantially met.

Commendations

J The College's use of external observers to give independent feedback on the selection panel's interview process and for scoring of CVs.

K The involvement of registrars in College governance including the Council, the Training Committee, and Research, Curriculum and Website Sub-committees.

Areas for improvement

Refer to recommendation 10.

8. Implementing the Training Program – Delivery of Educational Resources (Supervisors, assessors, trainers and mentors; and clinical and other educational resources)	Overall this group of standards is SUBSTANTIALLY MET

Standard 8.1 (supervisors, assessors, trainers and mentors) is substantially met. Standard 8.2.1 (process and criteria to select and recognise hospitals, sites and posts for training purposes) is substantially met.

Commendations

L The College's implementation of a feedback process for examinees to comment on their Part 2 examination experience.

M The College's mentor program, the increasing number of registrars aligned with mentors and the way the College has encouraged this initiative.

Areas for improvement

Refer to recommendations 11, 12 and 13.

9. Continuing Professional Development (programs, retraining and remediation)	Overall, this group of standards is SUBSTANTIALLY MET

Standard 9.1 (continuing professional development) is substantially met. Standard 9.3 is substantially met.

Commendation

NONE

Areas for improvement

KK Develop a structured process to identify fellows who are participating in other CPD programs. (Standard 9.1.4)

Introduction: The AMC Accreditation Process

The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The process for accreditation of specialist medical education and training

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. A working party of the AMC and the Committee of Presidents of Medical Colleges was established to consider the Minister's request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties;
- a new national process for reviewing and accrediting specialist medical education and training programs;
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers—the specialist medical colleges.

Separate working parties developed the model's three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. The relevant standards are included in each section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The Ministerial Council, on behalf of the Medical Board of Australia, has assigned the AMC the accreditation functions for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act 2009* makes the accreditation of specialist training programs an essential element of the process for approval of all programs for the purposes of specialist registration. Similarly, the Medical Board of Australia's registration standards indicate that continuing professional development programs that meet AMC accreditation requirements meet the Board's continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the Medical Board of Australia. Medical Board approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

Assessment of the programs of the Australasian College of Sports Physicians

In 2006, the Australasian College of Sports Physicians, (referred to as 'the College' in the report) applied to have sport and exercise medicine recognised as a medical speciality. The AMC Recognition of Medical Specialties Advisory Committee managed the first stage assessment of the new medical speciality. The process set out in the Guidelines, *Recognition of Medical Specialties*, resulted in confidential advice to the Minister of Health and Ageing on the case for recognition.

In 2007, the Australian Department of Health and Ageing notified the AMC of the Minister's decision on Stage 1 of the assessment and indicated there was a case to recognise sport and exercise medicine as a new specialty. The College applied to the AMC for assessment as a provider of training in sport and exercise medicine. In this stage, the AMC assessed the standard of the specialist education and training programs available for the proposed medical specialty. The AMC Specialist Education Accreditation Committee manages this process.

In 2007, on the advice of the Specialist Education Accreditation Committee, the AMC appointed Professor Tim Usherwood to chair the assessment of the College's programs. The AMC then began discussions with the College about the timing and process of assessment.

The AMC appointed other members of the Sports Physicians Assessment Team (called 'the Team' in this report) in May 2008 after the College had an opportunity to comment on the individuals proposed. The members of the 2008 Team are listed in Appendix 1.

In 2008, the assessment process entailed the following steps:

- dialogue between the AMC secretariat and the College Chief Executive Officer;
- preparation by the College of a detailed accreditation submission;
- a Team meeting in June 2008 to consider the College's submission and to plan the review;
- feedback to the College on the Team's preliminary assessment of the submission, the additional information required by the Team, and on the Team's plans for visits to institutions, registered practices and for meetings with College committees;

- AMC surveys: 72 per cent of the College's registrars responded and 63 per cent of supervisors/fellows responded;
- invitations to other specialist medical colleges, medical schools, relevant government departments, College-identified stakeholders, and health consumer organisations to comment on the College's training and professional development programs;
- a program of site visits and meetings in New Zealand, Western Australia, Victoria, Australian Capital Territory and New South Wales between 3 and 10 November 2008.

The 2008 assessment resulted in the AMC accrediting the College's education and training programs for a period of six years, to December 2014, subject to satisfactory progress against the recommendations in the accreditation report and a review visit in 2011. The College was required to report on progress against the recommendations with specific attention to:

- development of a plan to manage a potential increase in the number of applicants for training;
- introduction of a mandatory 'train the trainer' program;
- implementation of policies to involve consumers, registrars and other non-FACSP health practitioners in College governance and operations;
- implementation of a curriculum evaluation framework;
- development of explicit learning objectives, curriculum map and linked assessment blueprint for the training program; and
- review of the registrar research project and the interstate year in achieving learning outcomes.

This assessment completed Stage 2 of the AMC recognition of medical specialties process.

In October 2010, the Specialist Education Accreditation Committee began considering requirements for the review of the College's progress on the key issues raised in the 2008 Accreditation Report.

On the Specialist Education Accreditation Committee's recommendation and after the College had an opportunity to consider the proposed membership, the AMC Directors appointed a team to complete this review. Professor Andrew Wilson chaired the 2011 Team. The members of the 2011 Team are listed in Appendix 2.

In August 2011, the College provided an accreditation submission outlining progress on the recommendations and challenges facing the College. The Team met in September 2011 to consider the submission, and then discussed plans for the review with College officers and staff. The AMC invited other specialist medical colleges, medical schools, relevant government departments, and health consumer organisations to comment on the College's training and professional development programs.

The Team completed its review in November 2011. The review comprised of a program of meetings with registrars and clinical training supervisors at the College's Annual Scientific Meeting in Queensland; and meetings with College officers, committees and staff in Sydney.

Australian Medical Council and Medical Council of New Zealand relationship

Since most of the specialist medical colleges span Australia and New Zealand, the Medical Council of New Zealand (MCNZ) has been an important contributor to AMC accreditation assessments.

In November 2010, the AMC and the MCNZ signed a Memorandum of Understanding to extend the collaboration between the two organisations. The two Councils are working to streamline the assessment of organisations which provide specialist medical training in Australia and New Zealand. The AMC continues to lead the accreditation process and assessment teams for bi-national training programs will continue to include New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders. In future, these processes will specifically address New Zealand requirements. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the bi-national colleges to provide additional New Zealand–specific information.

Appreciation

The Team is grateful to the College staff and officers who prepared the 2008 and 2011 accreditation submissions and managed the preparations for the assessment. It also acknowledges with thanks the support of the College staff who hosted Team members at the Annual Scientific Meeting in November 2011.

The Team is grateful to the registrars, fellows and staff who contributed to the AMC assessments by attending meetings with the Team.

A list of the organisations that made a submission to the AMC in 2008 and 2011 is at Appendix 3. A summary of the 2008 Team's program of meetings is provided in Appendix 4. A summary of the meetings held in 2011 is provided in Appendix 5.

Report on the 2008 and the 2011 AMC assessments

This report contains the findings of both the 2008 and 2011 AMC Assessment Teams. As this is an iterative process, it is intended that the two assessments be seen as points along a continuum.

Each section of the report begins with the relevant accreditation standards, current at the time of the most recent accreditation. These are the *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2010.*

The findings of the 2011 Team are provided as commentaries following the relevant sections of the 2008 report. It should be noted that the report by the 2011 Team addresses progress by the College in relation to recommendations made by the AMC in 2008. In areas where the College has made no substantial change and no recommendations were made in 2008, the 2011 Team has not conducted a comprehensive assessment.

1 The context of education and training

The accreditation standards concerning the context in which education and training are delivered are as follows:

- The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- The education provider's internal structures give priority to its educational role relative to other activities.
- The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
    - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures;
    - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists;
    - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.
- The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.
- The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.
- The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

1.1 History and description of the College in 2008

The Australasian College of Sports Physicians (ACSP) is the professional body representing sports physicians in both Australia and New Zealand.

It was founded in 1985, and the then *Australian* College of Sports Physicians was incorporated in 1987. The first ACSP Part 2 Fellowship Examination was held in 1991. The examination was run by an external Board of Censors, comprising fellows of other specialist medical colleges, including physicians and surgeons, who held expertise in the field of sports medicine. The medical practitioners who applied to participate in the first ACSP Part 2 Fellowship Examination were invited to sit on the basis of their experience, training and commitment to what was then known as Sports Medicine in Australia. Not all applicants were invited to sit, and not all candidates were successful.

The successful fellows, under the governance of the College executive and with external input, developed a training manual, a syllabus (including a resource list) and a Part 1 examination format. This process took approximately 18 months to complete.

In 1992, the initial registrars of the ACSP were selected and commenced training. The first fellowship award to an ACSP registrar occurred in 1995. Since that time the College has trained a further 75 fellows in Australia and New Zealand.

The initial training program for fellowship was three years in duration; this was increased to four years in 2000. Additional elements have been added to the training program including a series of academic modules, the requirement for formal research publication during training, and completion of a compulsory Emergency Management of Severe Trauma (EMST) course.

Concurrent with the College commencing its training program, a continuing medical education requirement for fellows was instituted. Participation in this program or the later Maintenance of Professional Standards (MOPS) program has been compulsory since its commencement.

Sports physicians in New Zealand were granted vocational registration, and thus specialist status by the Medical Council of New Zealand (MCNZ) in 1999. The College's training, accreditation and MOPS processes were reviewed by the MCNZ in 2007 and ACSP was re-accredited for a period of six years, with a possible further four years of re-accreditation (for the maximum award of 10 years) subject to a satisfactory annual report due to be tabled in the fifth year of the re-accreditation period.

One hundred forty seven (147) medical practitioners have obtained fellowship of the ACSP since 1991 (including the 40 fellows who passed the inaugural Part 2 exam in 1991). Of these, 138 are current (active) fellows. The College has 29 registrars undertaking the training program (this includes the seven incoming first years for 2009).

1.1.1 Australasian College of Sports Physicians in 2011

In November 2009, the Australian Government Minister for Health and Ageing recognised sport and exercise medicine as a medical specialty for the purpose of inclusion in the AMC List of Australian Recognised Medical Specialties. The College continues to negotiate concerning access to Schedule 4 of the *Health Insurance Regulations 1975* for specialist sport and exercise medicine physicians.

The training program remains a four-year program consisting of four academic modules, with mandatory participation in research and an Early Management of Severe Trauma (EMST)/adapted trauma course. Additional elements include team and event coverage and workplace-based assessments. The College continues to provide a continuing professional development program for its fellows (referred to as the MOPS – maintenance of professional standards program).

In 2011, 155 medical practitioners had obtained fellowship of the ACSP since 1991 (including the 40 fellows who passed the inaugural Part 2 exam in 1991). Of these, 145 are current (active) fellows. In 2011, the College had 34 registrars undertaking the training program.

In 2007 the College's training, accreditation and MOPS processes were reviewed by the Medical Council of New Zealand and accredited for six years. In 2012, the fifth year of the re-

accreditation period, the College will be required to submit an annual report to the MCNZ addressing additional New Zealand-specific information. Subject to a satisfactory annual report the MCNZ may award a possible further four years of accreditation.

1.2 Organisational and management structure in 2008

The College is governed by a Council, which '*conducts and oversees all administrative, policy, fiscal and governance issues, and convenes both an annual scientific conference and a clinical sports medicine conference for GPs and other practitioners*'.

Reporting to Council are two primary committees:

The **Board of Censors**, which '*conducts and oversees all matters relating to assessment including the Part 1 exam, Part 2 exam, academic modules and appraisal of all qualifications gained outside the College and for which applicants are seeking accreditation*', and;

The **Training Committee**, which '*conducts and oversees all matters pertaining to the advanced training program, including registrar selection, registration of training practices, accreditation of training programs, monitoring of periodic reporting, appraisal and approval of research project'*.

Reporting to and advising the Council and the two primary committees are the:

- **Ethics Committee**, which conducts a periodic review of the College Code of Ethics and deals with all matters of an ethical nature that arise within the College and its membership;
- **Curriculum Review Committee**, which works collaboratively with both the Board of Censors and the Training Committee in conducting periodic curriculum reviews. Any recommended curriculum changes are presented to the College Council for ratification;
- **Committee of Review**, which has a permanent Chair who convenes a committee in response to specific review tasks that can arise in relation to matters pertaining to any of the College's committees or processes;
- **Training and Assessment Review Committee**, which has a changeable membership tasked to conduct cyclic reviews of training and assessment processes;
- **Conference Committee**, which has a changing membership of fellows who are convened to manage the Annual Scientific Conference and the annual Clinical Sports Medicine conference;
- **Registrar Group**, which comprises the entire group of registrars at any given time, irrespective of their level of training. The group is represented by an elected representative who attends meetings of the Training Committee and the College Council;
- **Cultural Competency Committee**, which is developing College policy on matters relating to cultural awareness; and
- A recently formed Exercise Medicine working group, which has a brief to develop a formal curriculum for a stand-alone academic module in exercise medicine and exercise prescription.

The College has a small permanent secretariat comprising a part-time Chief Executive and administrative assistant. Other administrative functions, such as accountancy and legal

drafting, are subcontracted. The College owns a property in Canberra but lets this for income as the Chief Executive works from office space leased in Sydney.

The principal operations of the College are the training program with its two associated annual conferences, an annual Clinical Sports Medicine teaching conference open to medical practitioners and other health professionals, and the MOPS program. The College documents its procedures for the training program and MOPS program in *A Manual for Candidates* (the College Manual). This is revised and updated regularly – the current version is Edition 9 dated June 2007. The College has also produced a number of policies including a code of ethics and professional behaviour, and a policy on bullying, harassment and discrimination. A policy on cultural awareness is under development.

The College provides only advanced training, which is undertaken almost exclusively in the private sector. Two of the College's major committees, the Training Committee and the Board of Censors, are responsible for training and assessment respectively. The Training Committee is responsible for the training program, registrar selection, registration of training practices, accreditation of training programs, monitoring of periodic reporting, and appraisal and approval of research projects. The Board of Censors conducts and oversees assessment, academic modules, Maintenance of Professional Standards, and appraisal of externally-gained qualifications. Pertinent subcommittees include the Curriculum Review Committee, which in conjunction with the Board of Censors and the Training Committee conducts periodic curriculum reviews.

Each State and Territory in Australia or region in New Zealand has a State Training Coordinator who sits on the Training Committee. State Training Coordinators (STC) are responsible for the development and monitoring of the training of each registrar through developing and implementing state educational programs. They provide support to Clinical Training Supervisors and Clinical Training Instructors, monitor registrar supervision and progress, and act as a liaison between the registrar and the Training Committee. A major component of the STC's role is to receive six-monthly reports from supervisors and registrars, and to conduct six-monthly interviews with registrars, thus monitoring the progress of training. Clinical Training Supervisors are responsible for the day-to-day clinical training and Clinical Training Instructors are other medical or non-medical health professionals who formally contribute to the training program.

At the time of the Team's visit, the New Zealand regions were Northland/Auckland, Waikato/Wellington and South Island. The College has advised that from February 2009, New Zealand will be regarded as having two regions: North Island and South Island.

1.2.1 2008 Team findings

The College is relatively small but has been very active in developing its educational function. Many of the fellows undertaking governance roles have had experience as registrars within earlier versions of the program, then as Clinical Training Supervisors and as a State Training Coordinator. In some instances these latter roles are held concurrently, generating a potential conflict of interest for the supervision and review of registrar performance.

Many of the fellows involved in College governance are, or have been, members of more than one of the committees and sub-committees of the College. Consequently there is potential for a great deal of informal communication within the governance structure. While it was clear to the Team that this structure has provided a framework for the efficient achievement and

implementation of the College's many accomplishments to date, it became apparent during the visits that there was some confusion regarding certain responsibilities and reporting lines.

The Council acts as the Board of Directors of the company. The College's financial reports are audited annually in accordance with legislative requirements and the auditor also provides the Council with an annual report on the company's management processes. The Council has not established a standing Audit Committee to manage the annual external audit process and to undertake the internal audit function.

Although the College has a clear and aspirational mission, it lacks a formal strategic planning process to ensure that all the College's activities are fully aligned with its objectives. While many fellows demonstrate great energy and commitment in leading the College, there is potential for greater involvement by consumers, registrars and other stakeholders in informing the College's strategic direction through such a planning process.

The Team noted that the elected registrar representative attends meetings of the Training Committee and the College Council. However, he/she is not a voting member. Greater involvement by registrars, consumers and other stakeholders in College governance could benefit the College by bringing new ideas and perspectives into its governance and management.

The College has no formal succession planning or other risk management processes. While many details of its training operations are clearly documented in the College Manual, it is inevitable that much corporate knowledge lies with the Chief Executive and senior officers. A succession planning process would mitigate the risk of losing this knowledge in the event of unforseen contingencies. No formal process exists for identifying, assessing, preventing and managing other risks that the College might face.

The policy on bullying, harassment and discrimination is limited in scope and detail. It is not clear how this policy informs College planning and operations. For example, it includes the statement '*this policy will be incorporated in the induction process of trainees, members and staff*' but no process for actually doing so was documented during the Team's visit. The policy includes no processes for evaluation of its effectiveness.

The Team commends the College for its initiation of a cultural awareness policy. The Team would encourage the College to further develop the policy utilising the learnings of other colleges and stakeholders and with appropriate consumer input.

2008 Commendations

B The ACSP's comprehensive and detailed Manual for Candidates, and its commitment to regular review and revision of this document.

C The explicit Code of Ethics, and the ACSP's work on developing policies on bullying, harassment and discrimination, and on cultural awareness.

2008 Recommendations

1 Consider the development of a formal strategic planning process involving input from consumers, registrars and other stakeholders.

2	Develop formal terms of reference for all its committees, with their membership to reflect appropriate gender and other diversity; and, consider greater representation of registrars, consumers and other stakeholders in its committee structure.
3	Develop a formal succession plan and risk management process, and consider establishing a standing Audit and Risk sub-committee of Council.
4	Review the policy on bullying, harassment and discrimination to strengthen further its focus on prevention, to specify the processes for implementation and to define a process for evaluation of its effectiveness.
5	Broaden the focus of the proposed policy on cultural awareness in the training program to promote diversity awareness, sensitivity and training in all aspects of College operations including the training program, MOPS requirements and trainer development.

1.2.2 Organisational and management structure in 2011

The ACSP Council remains as the College's governing body. Since 2008, the governance structure of the College has been reorganised with creation, renaming and disbanding of committees, to rectify deficiencies and meet changing needs.

Seven committees report directly to the Council. These are:

- **Board of Censors**, to which the Court of Examiners and MOPS Sub-committee report, is responsible for academic and clinical standards and implements policy and procedures relating to the assessment of Australian, New Zealand and overseas trained specialists.
- **Training Committee,** to which the Curriculum Review Committee, Research Sub-committee and Trainee Committee report, consists of representatives from all states of Australia and New Zealand regions, and is responsible for the development and implementation of all policy matters within the training portfolio.
- **Ethics Committee,** which is responsible for monitoring and revising the Code of Ethics and adjudicating any ethical issues that may be referred.
- **Committee of Review,** which is the body responsible for the review of official decisions and providing the second level review of the reconsideration, review and appeals process.
- **Website Re-development Sub-committee,** which is responsible for the design and functionality of the new College website.
- **Diagnostic Imaging Sub-committee,** which is responsible for liaison with government bodies regarding appropriate FACSP item numbers for diagnostic services, as well as establishing suitable training and MOPS standards for diagnostic imagining.
- **Audit and Risk Sub-committee**, which is responsible for addressing and managing any potential areas of risk including financial, governance, legal and reputational issues.

The Committees reporting into the Board of Censors and the Training Committee are:

- **Court of Examiners** is responsible for managing the pool of trained clinical examiners.

- **MOPS Sub-committee** is responsible for the Maintenance of Professional Standards (MOPS) program including input, compliance and assessment of the structure to ensure fellows maintain specialist knowledge and skills.
- **Curriculum Review Committee** is responsible for the College's curriculum including reviewing the syllabus, development of learning objectives, assessment methods, tutorial program, the registrar learning portfolio, and providing advice regarding evaluation and review.
- **Research Sub-committee** is responsible for advising the Training Committee on research learning objectives, reviewing research proposals and providing advice and mentorship to registrars.
- **Trainee Committee** consists of all registrars undertaking the training program and through the elected Trainee Representative liaises with the Training Committee on all matters relating to registrars.

The College retains as a small permanent secretariat comprising a Chief Executive and administrative assistance. The Chief Executive works from office space leased in Hobart. The College continues to outsource information technology, financial and legal advice.

The principal operations of the College remain the same as in 2008. The College publishes its procedures for the training program and MOPS program in *A Manual for Candidates* (the currently available version is Edition 9 dated June 2007, with a revision due for release soon). The College has postponed the revision of the manual to coincide with the redevelopment of the website. The future format of the manual will be substantially different from its current makeup, with components such as application and reporting forms available on the website rather than in hard copy. In the interim, the College keeps registrars and supervisors up to date with developments via direct email correspondence from the Training Committee.

Following AMC recommendations from 2008, a formal strategic plan has been developed and policies on cultural awareness; bullying, harassment and discrimination have been reviewed.

1.2.3 2011 Team findings

A small group of dedicated and passionate fellows contribute to the Council and its committees. Since 2008, and particularly in the last 12 months, the College has given high priority to a review of its governance structures. With 145 active fellows and 34 registrars, the Team recognises size as a challenge and congratulates the College on this significant achievement. During the Team's meetings with the College, College fellows indicated the recognition of sport and exercise medicine as a specialty has invigorated fellows and registrars in greater engagement in College committees.

Development of terms of reference for committees and roles has clarified roles, responsibilities and reporting lines. Appropriate gender, cultural and other diversity requirements for committee membership have been documented. Clear position descriptions have been created for each of the key roles. The Team noted some of the terms of reference are in draft form. The College will need to finalise and formally adopt all terms of reference and provide evidence to the AMC in its next annual report.

Since 2008, the governance structure of the College has evolved. The Team commends the College for the extensive work undertaken in strengthening its committee structures. The College has expanded its capacity to oversee and develop its education and training programs

and the resources available to support it. Although the College membership is small, there was evidence of a high level of participation in the College committees and participation in other developmental activities such as curriculum development and supervisor training.

College committees continue to give priority to the educational role of the College above its other activities. A registrar now sits on the Council, Training Committee, Research Sub-committee, Website Re-development Sub-committee and Curriculum Review Committee. Since July 2011, the Council has included a community representative amongst its members. The Team heard that the community representative has been a very positive development and has provided an external focus to College developments. In addition, the proportion of supervisor involvement in the governance structure and the training program has also increased since 2008.

The College does not have a committee dedicated to the assessment of overseas-trained specialists. The Board of Censors undertakes this function. The College does not have a policy for the assessment of overseas-trained specialists that is separate from the College's policy on other paths to Fellowship. The College is currently in discussion with the AMC regarding development of a formal policy for assessment of overseas-trained specialists. This is discussed further in Section 5.4 of this report.

The College has developed a five-year strategic plan involving input from fellows, registrars and consumers. The Council has plans to update the strategic plan on an annual basis and replace every five years following input from all stakeholders. The Team considered the strategic plan to be in a preliminary state. The Council should continue to refine its strategic plan along with its mission statement and operational plans to ensure alignment between them. The Team noted, however, that this refinement would not appear to offer any short term impediment to the effective governance and operation of the College. This is further discussed in Section 2 of this report.

Formal succession planning with respect to governance roles is difficult in any college where some office-holders are elected. Nevertheless, some deputy positions are now in place to aid with succession planning. Position descriptions have been revised to include details of succession planning for that role. The Team noted that, although the documentation of College processes is continually improving, much unique corporate knowledge still rests with the Chief Executive. The College's plan to employ two administrative assistants is a positive step. The College will need to undertake further work in succession planning to mitigate this risk.

The College has recently appointed an Audit and Risk Sub-committee. This sub-committee will meet annually and will manage the College's risk management program. While the Team acknowledges the College has begun work in this area, a formal risk management process is yet to be developed. The Team recognises the College may need to engage appropriate external expertise and resourcing to develop a formal risk management process. The Team considers such a process would further assist the College in identifying, assessing, preventing and managing other risks that the College might face.

In 2010, the College revised its *Bullying and Harassment Policy* and *Cultural Diversity Policy* following legal advice and a review of polices of other specialist medical colleges and external organisations. The College's new 'train the trainer' module will remind supervisors to be familiar with both College policies. For registrars, learning objectives in cultural

awareness are specified in the revised curriculum in clinical decision making and fundamental competencies. For fellows, these learning objectives can also be used when completing their MOPS requirements. The Team notes the College will undertake regular surveys of fellows and registrars to evaluate the effectiveness of the policies.

The Team considers that Recommendation 1, 3, 4 and 5 from 2008 have been met. Recommendation 2 from 2008 is replaced by recommendation 1 in this report.

1.3 Educational expertise and exchange in 2011

The College provides training for external bodies including primary medical care providers, allied health care professionals and other specialist colleges. In 2011, the College contributed to the Australasian College for Emergency Medicine Annual Scientific Meeting and will be contributing to the 2012 Australian Rheumatology Association Meeting. On an annual basis, the College convenes a clinical sports medicine conference for General Practitioners with an interest in sports medicine.

The College has contributed to the Australian Musculoskeletal Education Collaboration, which developed national core competencies in musculoskeletal, basic and clinical sciences and has reviewed training modules for the Confederation of Postgraduate Medical Education Councils' Professional Development Program.

The College has engaged the services of an educational consultant in the development of the revised curriculum, which has benefitted the review process. Among other things, the College has been able to compare its programs with those of other medical colleges. The curriculum redesign process appears to have benefited greatly from the input of this expertise. The curriculum document is comprehensive and clearly presented and is commended elsewhere in this report.

The College has engaged the services of a second educational consultant to assist with examination training and assessment best practice. Most recently in October 2011, the College delivered a clinical examiner workshop for the Part 2 examination for new and experienced examiners.

The Team noted regular exchanges take place with the Faculty of Sport and Exercise Medicine (UK) regarding policies, practices, curriculum development and assessment methods in sport and exercise medicine.

The Team commends the College for its work with the University of Canberra to create a suite of online academic modules, which will assist registrars with their training requirements. A trial has taken place with one full module being run in 2011 but the remaining four modules are yet to be launched.

To assist in the rewriting of the College's Code of Ethics, the College drew on the expertise of a professional bioethicist. The Team noted the College uses its weekly electronic bulletin to keep fellows, non-fellows and registrars updated on relevant educational activities, developments in policy and position statements.

1.4 Relationships to promote education, training and professional development of specialists

The accreditation standards are as follows:

- The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
- The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

Interactions with health departments in 2008

The College has not interacted with Australian health departments in relation to curriculum development, the selection of trainees, development of accreditation standards or other matters. This perhaps reflects the fact that training occurs in the private sector.

Interactions with the health sector in 2011

Since 2008, there has been a significant achievement in the College's interaction with various stakeholders in the health sector. The College and its fellows maintain relationships with the Committee of Presidents of Medical Colleges, universities, the Australian Institute of Sport, other sporting institutes and bodies and individual health practitioners from other medical specialties and scopes of practice. The College has representatives on the Enhanced Medical Education Advisory Committee and the Medical Training Review Panel.

As was the case in 2008, the majority of the College's fellows and registrars work in private practices. The College contributes to high quality teaching, supervision, peer review and professional development through its training manual and policies, new 'train the trainer' program, educational sessions at the Annual Scientific Meeting and MOPS program.

The College recently sought 2012 Specialist Training Program funding through the Australian Government Department of Health and Ageing. Although unsuccessful, the College will recommence discussions with the Department soon. Health Workforce New Zealand will provide some level of funding to the College in 2011, which will assist with training activities in New Zealand.

The Team commends the College for its notable input into various government-sponsored projects. For example, the College has been developing a policy statement on the subject of sudden cardiac death. The College has commissioned a group of interested fellows and registrars to draft a paper outlining the current available guidance on the subject. The College will be inviting other stakeholders to contribute. The paper will be submitted to the Department of Health and Ageing by mid-2012.

Comments to the AMC by a state health department indicated discussions have commenced on the identification of collaborative opportunities for improved patient care and service delivery to the local community. The Team recognises the positive steps the College is making in this area.

The recognition of sport and exercise medicine as a specialty in Australia has been a significant boost to the College and its confidence in engaging with external organisations has been much enhanced. The Team acknowledges the College's effort in engaging jurisdictions and understands this will continue to be a work in progress.

1.5 Challenges for the College in 2011

The Team recognises that as a small college there are increased financial and human resource constraints. Since 2008, the College has been working hard on the recognition of sport and exercise medicine as a medical specialty in Australia, access to Schedule 4 of the *Health Insurance Regulations 1975*, the revision of the curriculum, actions arising from the AMC recommendations and the preparation for the 2011 accreditation visit. The Team commends the College on its significant effort.

The Team notes the key priorities for the College in 2012 and onwards are:

- further refinement of the College's mission statement, strategic plan and operational plan to better define the College's purpose;
- implementation of the revised curriculum, including the full suite of workplace-based assessments;
- implementation of the 'train the trainer' program;
- implementation of the new website and enhancement of the resources available for fellows and registrars;
- further training site accreditation visits; and
- introduction of audit process for the continuing professional development program.

The College is well positioned to address these priorities in 2012. The Team encourages the College to continue to apply substantial resources to these key activities and ensure all recent changes are embedded in its education and training programs.

2011 Commendations

A The College's significant progress on governance issues, including the strategic plan, terms of reference and policies that have been achieved since 2008.

B The College's engagement of educationalists, registrars, consumers and other stakeholders in the curriculum redesign process.

2011 Recommendations to satisfy accreditation standards

1 Finalise and formally approve the terms of reference for all committees and College roles. (Standard 1.1)

2011 Areas for improvement

AA Consider further initiatives in succession planning to mitigate the risk that much of the unique corporate knowledge and day-to-day operations rests directly with the Chief Executive. (Standard 1.2)

BB Develop and implement a formal risk management process to assist the College in identifying, assessing, preventing and managing risks. (Standard 1.2)

2 Purpose of the college and outcomes of the training program

The accreditation standards are as follows:

- The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.
- The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- The education provider makes information on graduate outcomes publicly available.
- Successful completion of the program of study must be certified by a diploma or other formal award.

2.1 Organisational purpose and mission

In 2008, the College defined its mission as to '*set and maintain a specialist standard of excellence in the training and practice of sport and exercise medicine*'. Its stated objectives are:

- to define the discipline of sport and exercise medicine;
- to conduct a Part 1 examination in basic medical sciences to ensure that practitioners entering the training program have the necessary knowledge of the basic medical sciences;
- to conduct a full-time training program to enable medical practitioners to acquire the knowledge and skills of a sports physician as set out in the curriculum;
- to conduct a fellowship examination of specialist standard encompassing the full curriculum;
- to establish and certify a suitable Maintenance of Professional Standards (MOPS) program for the fellows;
- to encourage original research and dissemination of knowledge in sport and exercise medicine through regional and national conferences and publications;
- to enhance the health of all Australians and New Zealanders through the application of knowledge and skill in the area of sport and exercise medicine; and,
- to set and maintain a standard of excellence in the practice of sport and exercise medicine.

2008 Commendation

A The ACSP's aspirational mission and the commitment of its officers, fellows and secretariat in pursuing this goal.

2.1.1 The goals of education and training in sport and exercise medicine in 2008

The Australasian College of Sports Physicians defines the scope of sport and exercise medicine as including the following areas of practice:

- the provision of specialist level medical expertise in the diagnosis and non-surgical management of exercise and physical activity related musculoskeletal overuse injury;
- the provision of specialist level medical expertise in the diagnosis and non-surgical management of exercise and physical activity related musculoskeletal trauma;
- the provision of specialist level medical expertise in the diagnosis and management of exercise related medical conditions;
- the prescription and supervision of exercise programs for individuals and specific groups, for example children, individuals with disabilities;
- the provision of expertise as to the value of exercise in the general population;
- the provision of specialist medical and administrative services to professional sporting teams;
- the provision of specialist medical and administrative services to national sporting organisations and teams including team travel, for example Olympic teams;
- the provision of specialist medical and administrative services to specific sporting events, for example marathons, community fun-runs, Olympic, Commonwealth and Masters Games;
- the provision of specialist medical and administrative expertise to national and state academies of sport;
- the provision of specialist medical services to specific cultural organisations, for example the Australian Ballet Company;
- the provision of specialist medical and administrative expertise on governmental bodies such as the Australian Sports Drug Agency;
- the provision of specialist medical expertise to organisations such as the Australian Defence Forces;
- the provision of medico-legal expertise in appropriate circumstances.

This scope is similar to, and consistent with, the scope of sport and exercise medicine in other countries in which it is a recognised specialty.

The College offers only advanced training in sport and exercise medicine leading to fellowship of the College. Trainees are considered for acceptance into the advanced program once they have completed three years full-time equivalent of medical and surgical experience and have successfully passed the ACSP Part 1 examination.

The College has determined broad goals for the advanced training program. These goals are stated to be based on the nature of the discipline and its role in the delivery of health care, and related to community need. The goals are:

1. to train sport and exercise physicians to a standard that enables them to fulfil the broad role of a specialist medical practitioner in the community in the discipline of sport and exercise medicine;

2. to appropriately assess that this standard has been reached by registrars;
3. to encourage original research and dissemination of knowledge in sport and exercise medicine through regional, national and international conferences and publications;
4. to provide a mechanism and resources for the maintenance of professional standards for those practitioners who have obtained their fellowship in sport and exercise medicine and to certify that fellows are participating in this program.

The College has endeavoured to structure its training to encompass general community need and preventive health through to supporting elite sport. In so doing the College has acknowledged that there is overlap with rehabilitation medicine, occupational medicine and physician training. There is also considerable overlap with aspects of general practice and increasingly with the professions of physiotherapy, podiatry and exercise physiology. The Team noted that the specialty is relatively young even in those countries where it is recognised as a medical speciality.

Recently the College has sought to incorporate the CanMEDS (Canadian Medical Education Directives for Specialists) principles into the training program. These principles define competencies required for a medical practitioner to perform as a medical expert (the central role), professional, health advocate, scholar, manager, collaborator and communicator.

2.1.2 2008 Team findings

The Team reviewed the *Manual for Candidates* (College Manual) which is a comprehensive document covering all aspects of the College's education and training in sport and exercise medicine. It is designed primarily for use by State Training Coordinators, Clinical Training Supervisors and trainees themselves. The current manual is the Edition 9 June 2007, demonstrating the College's commitment to frequent review and updating of the training program. The knowledge and skills content of the training are defined in detailed lists of subject areas, and encompass the scope of sport and exercise medicine as identified by the College. Current and former registrars interviewed by the Team indicated that the training program successfully delivers this content. However the definition of curriculum content in terms of subject areas has the potential to make it difficult for registrars, teachers and others to ascertain the intended learning outcomes of the training program. Explicit statement of learning objectives throughout the curriculum would address this issue.

Although the College espoused the CanMEDS principles in 2002, and the Board of Censors and the Training Committee considered a document on the key implementation issues in 2003, the principles and their associated competencies are mentioned only once in the current version of the College Manual. In the review of documents and face-to-face interviews, the Team found little evidence of explicit consideration of the CanMEDS principles to inform the planning and delivery of training, or in the formative or summative assessment of registrars.

Clinical Training Instructors (i.e. clinical teachers who are not fellows of the ACSP) met by the Team on site visits were unfamiliar with the overall aims and objectives of the program and would welcome greater understanding of these to enable them to assist in achieving learning outcomes.

2.2 Organisational purpose and program outcomes in 2011

The College's mission and stated objectives have not changed since 2008. The broad learning outcomes of the training program have been revised as part of the curriculum review and clearly articulated in the curriculum document.

Upon completion of the training program, the registrar will be able to:

- Develop and maintain clinical knowledge relevant to the practice of sport and exercise medicine.
- Apply knowledge when consulting with individual patients, sporting groups or teams, taking into consideration the specific needs of particular populations such as female athletes, children, older people and athletes with a disability in a variety of environments.
- Assess and manage acute, chronic or traumatic injuries, and medical problems arising from, or affecting physical activity, in a broad range of patients from the recreational exerciser to the elite athlete.
- Prescribe exercise programs for patients to:
    - prevent injury and illness;
    - reduce risk factors of chronic disease; and
    - support the management of medical programs, including chronic disease.
- Take an active role in the education of patients, the public, sporting groups and teams, on the benefits of sport and exercise and other sport and exercise 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 national sporting organisations and cultural groups.
- Provide advice and representation to various parties such as athletes and government and sporting organisations on all issues regarding doping in sport.
- Support travelling athletes and teams prior to departure and while interstate or overseas, and provide follow up care after arriving home.
- Participate in professional development activities and contribute to the expanding body of sport and exercise medicine knowledge by participating in research projects relevant to the speciality.

The curriculum defines the overall scope of the specialty for sports physicians in four sections:

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

Learning outcomes in Clinical Decision Making and Fundamental Competencies are adapted from the CanMEDS framework and are explicitly documented. In updating the *Manual for*

Candidates the College will include the learning outcomes. The revised document will be publicly available on the College's website.

2.2.1 2011 Team findings

The Team examined the degree to which the College met the standards through discussions with the Council and principal committees, review of the current *Manual for Candidates* and curricula, and discussions with fellows and registrars. It also considered the input from relevant external stakeholders. The College has made significant advances in establishing itself as an education provider, setting and promoting high standards of medical practice, training, research and continuing professional development for the specialty of sport and exercise medicine. The College consulted fellows, registrars and external stakeholders in establishing the aims and objectives of its curriculum. Information was presented to the Team that demonstrates that the College is increasingly recognised within both the profession and the sporting community as the medical education and training organisation for this area. While there are overlaps of interest and training areas with other specialist colleges, the College has presented a strong case for the need for a specific specialist education and training program and certification of practitioners.

Since 2008, the College has made significant progress in further clarifying its purpose and the translation of this into standards for training and continuing professional development. It has well defined goals, and the knowledge, skills and attributes of a specialist sport and exercise medicine physician are clearly articulated. In particular, there is now clearer distinction between the roles of sport and exercise medicine physicians and those of overlapping disciplines such as orthopaedics, rheumatology and general practice. The documentation more clearly reflected the CanMEDS principles and addressed the concerns raised in the 2008 AMC assessment.

As discussed in Section 1, the College should continue to refine its strategic plan along with its mission statement and operational plans to ensure alignment between them. The Team considers the College would benefit by engaging external expertise to assist in completing this review. The College needs to increase the community's understanding of the role of sport and exercise medicine physicians in the diagnosis and treatment of exercise-exacerbated and exercise-induced conditions. The Team recommends the College involve consumers (including sports bodies), registrars, and other stakeholders in this process.

Fellows and registrars identify the roles of sport and exercise medicine physicians in providing high level medical support to teams and elite athletes as important and unique aspects of the specialty. These roles are appropriately weighted against the broader and more common roles in sport and exercise medicine.

The expected graduate outcomes are clearly defined and address the broader roles as well as the technical and clinical expertise required. However, the College could improve the public reporting of graduate outcomes by the publication in the annual report, or similar publication, of information on numeric outcomes. The report addresses this further in Section 6.

The Team acknowledges the outputs of any training program are often difficult to measure. The College has recently conducted a survey of newly graduated fellows to assess whether the training program prepares them for practice. Although the College has yet to analyse and consider the results, the Team commends the College on this initiative.

There were no recommendations in 2008 relating to this standard.

2011 Commendations

C The College's significant progress in further clarifying its purpose and the translation of this into standards for training and continuing professional development.

2011 Areas for improvement

CC Refine the mission statement, strategic plan and operational plans of the College to ensure alignment between them and to increase the community's understanding of the role of sport and exercise medicine physicians, involving consumers (including sporting bodies), registrars and other stakeholders in this process. (Standard 2.1)

3 The education and training program – curriculum content

The accreditation standards are as follows:

- For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
- For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
- Successful completion of the training program must be certified by a diploma or other formal award.
- The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.
- The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.
- The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.
- There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.
- The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

3.1 Curriculum framework in 2008

The ACSP advanced training program is a four-year full-time equivalent program. The first three years of advanced training must be conducted in accredited training practices. In the first year of advanced training, the registrar is required to complete a total of 32 hours per week of supervised clinical training; 24 hours of this supervision must be by ACSP fellows and the remainder by other medical specialists, including radiologists, cardiologists, rheumatologists and orthopaedic surgeons. The supervised hours may include time spent ‘sitting in’ i.e. observing and assisting with the clinical cases of the supervisor, in addition to the registrar taking on their own case load. A requirement of supervision is that the supervising fellow must be physically present at the training location, and available for guidance, whilst the registrar is consulting with patients. The registrar may also be involved in unsupervised clinical activities.

In the second year the registrar is required to complete a total of 24 hours per week of supervised clinical training, at least 18 of which are with ACSP fellows, and 16 hours in the third year, 12 with ACSP fellows. In the final year of training, there are no prescribed hours of supervised clinical training required. The registrar must however demonstrate that they are

working in an environment which is deemed to be beneficial to their education in the field of sport and exercise medicine. At least one of the years of training must be in a different state (or region in New Zealand) from their 'home' state.

For 44 weeks in each year, registrars are required to attend structured formal weekly tutorials presented by fellows of the College and other medical specialists. At these tutorials, registrars are expected to present and discuss issues related to the practice of sport and exercise medicine, and are also required to demonstrate the acquisition of clinical skills in relation to examination technique, interpretation of x-rays etc.

Registrars are provided with access to five key sport and exercise journals via the College website, which encourages them to examine the evidence base for the practice of sport and exercise medicine in addition to maintaining awareness of advances in the field. A wide variety of other experiences including team care, event coverage, conference attendance and exposure to allied health professionals, for example physiotherapists and podiatrists, is intended to ensure that registrars gain experience that is both broad and deep in nature.

Registrars are required to complete at least one original research project, as the first author, in a sport and exercise related topic, to a standard that satisfies the Board of Censors. The research project must be completed and accepted for publication in an approved peer-reviewed journal.

Registrars are also required to complete an Emergency Management of Severe Trauma (EMST) course and five academic modules at recognised tertiary institutions in the follow topics: research methods, sports nutrition, sports psychology, biomechanics, and sports pharmacology and doping.

The discipline specific component

The College lists the content areas in sports medicine as:

1. Anatomy;
2. Biomechanics of Sports Techniques and Human Movement Analysis;
3. The Physiology of Exercise;
4. The Effects of Environment on Physical Activity;
5. Exercise Prescription, Consultancy and Population Health;
6. Pathophysiology of Injury and Repair;
7. General Pathology of the Musculoskeletal System;
8. The Pharmacology of Sport and Exercise;
9. Physical Activity in Specific Populations;
10. Disability and Physical Activity;
11. Medical Aspects of Physical Activity in prevention of disease and maintenance of health:
    a. Indications, contra-indications and special precautions regarding physical activity in acute and chronic medical conditions;
    b. Internal Medicine, as it relates to Sport and Exercise;
12. General Principles of Management of Injury in Sport, Exercise and Recreation;

13. Sports Medicine Administration including Ethics/Medicolegal Considerations;
14. Travel/Care of Elite Athlete;
15. Biostatistics, Research Methods;
16. Epidemiology of Sports Trauma;
17. Psychosocial Aspects of Sport and Physical Recreation;
18. Nutrition in Sport and Physical Activity;
19. Sport Specific Issues;
20. Professional Qualities of the Sport and Exercise Physician.

These topics are further expanded in Appendix 7 of the College Manual.

Several registrars expressed the view that they needed to develop skills in business management and negotiation as part of their training and consideration should be given to incorporating these topics in the curriculum.

3.1.1 The content of education and training in 2008

Both within Australia and New Zealand and internationally, sport and exercise medicine has traditionally focused on the diagnosis and management of musculoskeletal injuries. More recently it has addressed neurological conditions sustained during sporting activities and the influence of sports and activity on cardiorespiratory conditions. There is an increasing interest in the use of exercise in prevention and management which is beginning to be reflected in the curriculum.

The education and training pathway from graduation following initial medical qualification to fellowship is three years approved medical and surgical experience followed by the College's Part 1 examination. Completion of four years full-time training including the College's Part 2 examination leads to the award of fellowship of the Australasian College of Sports Physicians.

There is no formal foundation program required prior to entry into the advanced four-year training program although suggestions are provided regarding suitable intern and residence experience. The College considers broad clinical experience desirable and recommends areas such as orthopaedics and rheumatology as providing valuable grounding. During basic hospital training potential registrars are recommended to spend time in a general medical unit, in accident and emergency and with an orthopaedic service; respiratory and cardiology units may also be valuable. A further area considered useful is supervised general practice.

During their training, registrars are encouraged to assist with orthopaedic surgical operations; most Australian registrars undertake this work but few do so in New Zealand. The educational value of this activity requires further consideration.

Detailed musculoskeletal anatomy and exercise physiology are important foundation areas of knowledge. The Part 1 examination comprises anatomy questions with an emphasis on functional and musculoskeletal anatomy, and physiology, pathology and immunology questions with the emphasis on the physiology of exercise and the pathology of injury. Applicants for the Part 1 examination are provided with a list of recommended reading.

Registrars may apply for recognition of previous experience or academic work to the Training Committee and/or Board of Censors but no training time is exempted. Such recognition is determined on a case-by-case basis.

3.1.2 2008 Team findings

The College has an international reputation for the quality of its fellows as sports medicine physicians. The Team commends the College for acknowledging the need to continue the development of its training program and for obtaining medical education expertise to inform this process.

The College is committed to regular reviews of all aspects of the training program curriculum. This ongoing process of review provides the opportunity for the College to further develop its approach to education, training and assessment with an integrated curriculum incorporating the CanMEDS principles. It is important that this process includes early and sustained input from a wide range of stakeholders including consumers, registrars and other health professionals. The CanMEDS principles could provide a philosophical framework for the curriculum but are not yet embedded in it. The College should develop clear learning objectives as a basis for a comprehensive curriculum map. Such a map would more clearly define the educational benefit of the various components of the training program, and the relationship between these. Such mapping could also facilitate the development of a range of teaching and learning strategies to best suit the acquisition of intended competencies.

There are some elements of the program which require clearer definition of purpose. In its submission, the College reported that '*Registrars are expected to gain experience of surgical procedures used in the management of musculoskeletal injuries, although they are not expected to gain surgical skills themselves. Registrars are expected to assist, or at least observe, orthopaedic surgeons in theatre. A list of common surgical procedures is provided to the registrars in the College Manual. It is expected that during the four years of Australasian College of Sports Physicians training the registrar will assist or observe surgeons performing such operations*' However, it was reported to the Team that whilst most Australian registrars undertake regular surgical assisting, a key driver is the income this provides. In New Zealand, where there is much less opportunity or incentive to earn additional income in this way, registrars undertake very little surgical assisting. The development of clearer learning objectives in relation to surgical assisting would assist in clarifying the role and educational value of this activity.

2008 Commendations

D The development of a comprehensive curriculum in sport and exercise medicine.

E The College's documented and proactive program of review of many aspects of its training program.

2008 Recommendations

6 Develop explicit learning objectives for all aspects of the training program and map the various components of the program to these, engaging consumers, registrars, fellows and other practitioners in this process.

3.1.3 Curriculum framework in 2011

The ACSP advanced training program continues to be a four-year full-time equivalent program. The requirements for weekly supervised training have not changed. Since 2008, the College has reviewed its curriculum and rewritten its curriculum framework to better articulate the learning outcomes. In this review, the College consulted fellows, registrars and supervisors as well as fellows of other specialist colleges, including the Royal Australasian College of Physicians and Royal Australian and New Zealand College of Radiologists.

In September 2011, the College implemented the revised curriculum on a trial basis for use by registrars and supervisors. It plans to implement the final curriculum in February 2012 at the commencement of the 2012 training year. At the end of 2012, the College will collect formal feedback on the curriculum, assessment methods and tutorial program from registrars and supervisors. The College will formally review the curriculum every three years, including feedback from medical practitioners, allied health professionals and consumers.

The recent curriculum review has not changed the overall curriculum. The four sections of the curriculum, domains and subject areas remain essentially the same as in the old syllabus. The subject areas have been expanded so the depth and breadth of knowledge required is better defined through clear learning objectives. Assessments have been blueprinted against each learning objective, and teaching and learning methods are suggested in each subject area.

The Sports Specific Modules previously detailed in the *Manual for Candidates* have been added to the curriculum document and presented as appropriate learning outcomes. These modules give a general overview of each sport and include the structure, participants, rules, common injuries and/or medical problems specific to the sport. The curriculum includes references and other sources of information to enable the registrar to seek additional information if required.

The curriculum document is divided into four sections:

1. Sport and Exercise Medicine Foundations – establish and maintain clinical knowledge, relevant to the practice of sport and exercise medicine.
    1.1. Injury and Illness Prevention
    1.2. Injury Assessment, Management and Rehabilitation
    1.3. Internal Medicine as it relates to Physical Activity
    1.4. Physical Activity in Specific Populations
2. Clinical Decision Making – apply clinical knowledge, relevant to the practice of sport and exercise medicine.
    2.1. Patient Assessment
    2.2. Investigations
    2.3. Preventive and Therapeutic Interventions
    2.4. Procedural Skills
3. Fundamental Competencies – function effectively as consultants, integrating knowledge of sport and exercise medicine, clinical decision-making skills, and fundamental competencies to provide optimal, ethical and patient-centred medical care.
    3.1. Communication

3.2. Collaboration

3.3. Management including Quality and Safety

3.4. Health Advocacy

3.5. Research, Teaching and Learning

3.6. Professionalism including Cultural Awareness

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. Care of Sports Teams

4.3. Events

4.4. Travelling Athletes

4.5. Doping and the Athlete

4.6. Sports Psychology.

3.1.4 2011 Team findings

The Team commends the College for reviewing its curriculum framework and for informing this process with medical education expertise and feedback from fellows, registrars and fellows of other specialist colleges.

The College clarified that, for some learning objectives, the principal method of assessment is examination with workplace-based assessments providing an indirect assessment of the learning outcomes as they apply to clinical decision-making.

Following feedback from registrars in the 2008 accreditation report, the College has further defined learning outcomes in management skills, quality and safety. Learning outcomes and assessment methods for sports related orthopaedic surgery have also been specified. This has assisted the College in clarifying the role and educational value of this activity.

At the 2011 Annual Scientific Meeting, the College presented an update on the curriculum review and gave delegates an opportunity to provide feedback. Some members of the Team observed this presentation. It was confirmed the final document would be implemented in February 2012, and reviewed at the end of 2012.

In the 2010 annual report to the AMC, the College was asked to provide a strategic plan for the curriculum and assessment development and review. A curriculum and assessment plan is in place which details the curriculum development process, review process during the development stage and the implementation process. The Team acknowledges that an impressive curriculum has been developed, but the College needs to clarify the strategy for future development and review. The Team encourages the College to consider adding a committee or sub-committee to its governance structure or engage external expertise to continue the work on the curriculum development and review.

The Team considers that recommendation 6 from 2008 has been met.

3.2 Curriculum structure, composition and duration in 2008

Duration

The College training program is four years full-time equivalent, with provision for part-time and interrupted training. The required weekly tutorial program is undertaken 44 weeks per year, commencing in February each year.

Rural training

There is no formal requirement for rural training, and most sport and exercise medicine practices are located in metropolitan areas. The College has advised that remote area training is available to those who are interested through training practices in Darwin and Townsville.

3.2.1 2008 Team findings

The definitive statement of training requirements is the College Manual. Clinical Training Supervisors are expected to be familiar with the version of the manual that applies to their registrars. Several supervisors acknowledged that this occasionally presented problems, although all considered the Manual highly valuable – 'the bible'. Clinical Training Supervisors expressed the views that it was challenging to balance teaching with clinical responsibilities, that they would prefer more knowledge of educational approaches and that they desired more feedback on their own performance as educators. The Clinical Training Instructors (CTI) who met with the Team were generally unfamiliar with the Manual and CTIs who were not medically qualified said they did not have the opportunity to formally report on registrar performance.

The Team was concerned about some reported instances of lack of supervision of registrars providing team event coverage. The College should revise its Team Physician and Event Coverage Guidelines to ensure that registrars are adequately supervised at all times.

2008 Recommendation

10 Revise the Team Physician and Event Coverage Guidelines to ensure that registrars are adequately supervised at all times, including overseas.

3.2.2 2011 Team findings

In 2008, the Team had concerns that Clinical Training Instructors interviewed were not familiar with the College's training manual. In 2011, the College informed the Team it was undertaking a major revision of the *Manual for Candidates* document in line with the website redevelopment. The Team encourages the College to communicate actively with registrars, Clinical Training Supervisors and Clinical Training Instructors on the important features of the revised manual.

Team physician and event coverage continues to be a mandatory element of the training program. The College recognises clinical care for a team or event attended by both the registrar and supervisor as supervised training time. Registrars are required to cover a sports team for a 12 month period. This team often has an ongoing relationship with the accredited sports medicine practice in which the registrar is training and supervision is provided either

remotely or directly in this context. Registrars attend at least eight events as an assistant to the medical officer-in-charge and at least one as the in-charge medical officer themselves.

The College has revised the *Team Physician and Event Coverage Guidelines* and its requirements. Registrars reflect and receive feedback on team physician and event coverage activities with practice supervisors and at the six monthly meeting with the state training coordinator. Registrars are required to complete a report about each event or team covered. The Team Manager, Coach or Medical Supervisor will also complete a Sporting Team Coverage Assessment document providing feedback to the College on the registrar's performance.

During the training program the opportunity to travel interstate or internationally with a sporting team regularly arise for registrars. The College considers this an optional element of the training program. The Team noted that travelling with teams is an element of the curriculum that remains a concern to the registrars. If a registrar undertakes team travel without a supervisor physically present, the College does not consider this supervised training time. Under some circumstances time spent travelling with teams can be approved as training time if it is directly supervised and of long duration e.g. in an Olympic Village.

The College indicated that supervisors consider carefully the matching of registrars with travelling teams to meet the interests of both and to minimise risks. The registrar's supervisor, the State Training Coordinator, another fellow or a medical officer associated with the sporting code provide remote supervision. The *Team Physician and Event Coverage Guidelines* have been updated to be more explicit on the supervision requirements.

The Team questioned the inclusion of mandatory elements in the program that did not require direct supervision and which were not counted towards training time. The College satisfied the Team regarding supervision of team and event coverage, and arrangements with respect to time allowed for such activities (four weeks per annum in addition to four weeks of annual leave and 44 weeks of approved training time).

The opportunity to travel with teams is highly valued by the registrars and their supervisors. The approval of a registrar's plan to travel with a team, including the supervision arrangements, has been clarified to the satisfaction of the Team. The Team had considerable discussion with the College about the value and rationale of team travel and its supervision requirements. The Team acknowledges this element of the training program is unique to this College. The College is encouraged to review its documentation to articulate clearly the team travel requirements for all stakeholders.

The Team considers recommendation 10 from 2008 has been met.

3.3 Research in training in 2008

All registrars must complete at least one first authored original research project in a sports medicine related topic. The research must be presented at a national conference and accepted for publication in an approved peer-reviewed journal before fellowship can be conferred. Registrars are responsible for identifying an area of need in sports medicine research. They are required to conduct a literature review, design and implement an original research project with appropriate ethics approval and have the completed research published in a peer-reviewed journal. The project requires a fellow/supervisor/mentor to provide guidance and the

College enlists fellows and other research experienced practitioners and academics to provide support for its registrar research projects.

All of the registrar research projects described to the Team were either laboratory-based or used quantitative clinical, epidemiological or health services research methods. The Team was advised that a project utilising primarily qualitative methodologies is unlikely to be approved.

Fellowship of the College cannot be awarded through research.

3.3.1 2008 Team findings

The Team commends the College's strong commitment to research and its contribution to the international body of knowledge in sports medicine. However, the Team questions the value of the requirement to publish as first author in a peer-reviewed journal a prospectively-approved research project in the field of sport and exercise medicine. The stated aim of this component of the training program is '*to provide the registrar with first-hand experience in medical research and to demonstrate a competent application of the principles of research methodology and statistical analysis. This requirement also provides the registrar with the skills required to assess the relative merits of medical information, based on the principles of Evidence Based Medicine (EBM)'*. Given the wide diversity of reported projects, ranging from biomechanical studies to epidemiology and clinical therapeutics, the relevance of the experience per se to a clinical training program is not clear. The principles of research methodology differ considerably across these various fields of inquiry and an appreciation of their practical application could arguably be more reliably acquired in a taught course, perhaps building on the required academic module in basic research methods.

The current requirement to publish a research project does not achieve the stated objective of demonstrating '*competent application of the principles of … statistical analysis'* as many registrars reported hiring a statistician to undertake this aspect of their work. Neither does the conduct of a research project necessarily '*[provide] the registrar with the skills required to assess the relative merits of medical information, based on the principles of Evidence Based Medicine'*. Such learning outcomes would be better addressed in a taught course, with assignments, on the critical appraisal of research evidence and its translation to clinical practice.

Many of the registrars interviewed by the Team regarded the research project as of little educational value, and a hurdle to be overcome at as little cost and inconvenience as possible. Nevertheless, the Team learned of registrars whose achievement of fellowship was substantially delayed by this requirement alone, either because they interrupted their training to work full-time on the project, or because they had met all other training program requirements but had not yet had their paper accepted for publication. The Team was advised that many registrars self-fund their project, potentially incurring considerable personal financial cost. The Team also heard of registrars who had commenced a second project because their first had run into insurmountable difficulties.

2008 Recommendation

11 Review the value of the mandatory research project in achieving the intended learning outcomes, especially in light of its financial and non-financial costs to registrars.

3.3.2 2011 Team findings

Research remains a mandatory element of the program, but the College abolished the requirement for a 'first-author' paper in 2010 and replaced it with a more flexible suite of options. Based on CanMEDS principles, the learning objectives are:

- to encourage original research in sport and exercise medicine;
- increase the body of sport and exercise medicine knowledge;
- develop the skills required to assess and present the relative merits of medical information, based on the principles of Evidence Based Medicine (EBM); and
- be achievable within the framework and load of the training program.

Registrars can now achieve their project requirements through one of three pathways:

- prospective study / randomised controlled trial / systematic review (Medline published 1st author) and current College Conference Presentation requirement;
- masters research / research portfolio (with a component of the work published) and current College Conference Presentation requirement; or
- a combination by achieving 100 points from three groups of research formats.

Registrars are required to make continuous progress on their research throughout their training program. The College indicated the benchmarks for achievement at each year of training have been explicitly stated in the revised College Manual..

The registrars have applauded the changes to the research element of the training program and the assistance provided by their supervisors in supporting their research work. The registrars still lament the expense and difficulty of undertaking research in a poorly funded environment with limited access to ethics committees and statistical expertise. Following implementation of the new arrangements, supervisors have noted increased engagement of registrars in a wide range of scholarly activities, as opposed to the narrow focus on their own research that existed previously. The Team commends the College on this change.

The Team considers recommendation 11 from 2008 has been met.

3.4 Flexibility in training in 2008

The College normally expects the training program to be followed in a full-time, continuous manner. However, there are provisions for part-time and interrupted training. Part-time and interrupted training must be approved prospectively. The conditions and structure of such training are determined at the discretion of the Training Committee but are normally required to adhere to the guidelines published in the College Manual. These include the following requirements:

Part-Time training

- Under most circumstances the first year of the training program is to be completed full-time.
- The total part-time training program must have the same content of training and total training time as that for full-time registrars. It must include successful completion of all the clinical and academic training modules.

- Under most circumstances all training requirements must be fully completed within ten years.
- The registrar commitment within any block of training must be at least 50 per cent of that of a full-time registrar.
- Team care, emergency work and other out-of-hours training must be included pro-rata.
- Part-time registrars must be fully involved in participation in regional teaching programs.
- As with full-time registrars, part-time registrars must register with the College and pay the full annual training fee.

Interrupted training

- The training program may be interrupted to allow time for research, maternity/paternity and other reasons. Such interruption requires the prospective approval of the Training Committee, with the exception of pregnancy, significant illness or acute psychosocial problems.
- The conditions and duration of such interruption is at the discretion of the Training Committee and must have prospective approval of the Training Committee.
- The requirements of fellowship must be completed within ten years of commencing advanced training, or at the discretion of the Training Committee.

In the three years 2004 to 2006, three registrars applied for part-time training and all applications were granted. In two cases, the request was to enable the registrar to take part in an academic Masters Degree or PhD program, in the third case young children created a high level of competing demand on the registrar.

The College does not permit exemptions from the requirement for an interstate year (inter-region year in New Zealand). While some of the registrars interviewed by the Team considered that this year had been educationally valuable, the Team also learned of examples of hardship arising from this requirement. In addition, some registrars had needed to interrupt their research project in order to move interstate, which had made completion of that component of the training program problematical for them.

3.4.1 2008 Team findings

The Team commends the College on having in place provisions for part-time and interrupted training, but considers that their application has the potential to be discriminatory in some circumstances. The Team recommends that the College reviews these provisions to ensure that they are non-discriminatory and applied in a consistent, criterion-based and transparent manner.

The Team understands the College's view that the interstate year has educational benefits and noted that a number of the registrars interviewed considered that the year had been valuable for their learning. However, the Team noted with concern the examples of hardship arising from this requirement and considers that the requirement is potentially discriminatory. The Team believes that the College should consider whether the educational benefits might be obtained from experience in diverse practices, irrespective of whether they are in the same state. If the interstate year is retained, then the College should introduce a transparent, criterion-based process by which registrars whose circumstances have changed since admission for training are able to seek exemption from the interstate requirement.

2008 Commendation

T Provisions for part-time and interrupted training.

2008 Recommendations

34 Review its provisions for part-time and interrupted training to ensure that they are non-discriminatory, and applied in a consistent, criterion-based and transparent manner.

35 Reconsider the requirement for an interstate year; if it is retained, then the College should introduce a transparent, criterion-based process by which registrars whose circumstances have changed since admission for training are able to seek exemption from this requirement.

3.4.2 2011 Team findings

The provisions for part-time and interrupted training reported in 2008 remain in place. The College has brought the policy into agreement with its anti-discrimination, bullying and harassment policy. The College has recently completed a review and confirms the policy is clear, transparent and fair. All applications for part-time training presented to the Training Committee have been accepted to date.

In 2010, the Training Committee conducted a formal review of the interstate year requirement. This committee concluded the experience required in a range of sports could not be achieved in one geographical location. The interstate year remains a mandatory element of the training program. The College does have a reconsideration, review and appeal processes that covers registrars seeking exemption. The Team considered the learning objectives of the interstate year were not clear. It was informed that discussions had begun to articulate these learning objectives.

The interstate year continues to concern the registrars. They perceived the College's reconsideration, review and appeal process is difficult to negotiate. The College advised the Team that a registrar had recently used these processes to gain exemption from the interstate year. The Team considered the College could assuage the registrars' discontent and lack of understanding by clearer articulation of the learning objectives of the interstate year and an information campaign regarding the College's reconsideration, review and appeal processes.

The Team considers recommendation 34 from 2008 has been met. Recommendation 35 from 2008 is replaced by recommendation 4 in this report.

3.4.3 Credit for prior learning in 2008

The College does not retrospectively accredit training time.

Registrars may seek accreditation of prior learning in relation to academic modules or published research. Retrospective accreditation of academic modules may only be granted where equivalent post-graduate qualifications have been achieved in the five years prior to commencing advanced training in a tertiary institution approved by the Training Committee. Retrospective accreditation for research projects may be granted where research projects

satisfy the criteria stipulated in the College Manual and were published no more than three years prior to the registrar's commencement on the training program.

3.4.4 2011 Team findings

The *Manual for Candidates* outlines the College's policy for retrospective accreditation of training. The policy includes basic medical sciences, postgraduate academic modules and research. This policy has not changed since the 2008 accreditation visit.

All registrars must complete four years of full time training. The College does not allow exemption from training time due to recognition of prior learning and experience. The College will only consider exemption from completing academic modules or published research. The Team considered that the College may be challenged on this policy by a registrar with significant relevant experience.

3.5 The continuum of learning in 2011

The Team recognised the College's commitment to the continuum of learning from undergraduate medical training, prevocational years, advanced training and continuing professional development. College fellows currently participate in the education of medical and other health practitioner students.

The Team concluded that recent recognition of sport and exercise medicine as a medical specialty, and engagement with the Committee of Presidents of Medical Colleges and its forum of representatives from the medical school and pre-vocational training sectors will assist the College in enhancing its contribution to the continuum of medical education.

2011 Commendations

D The College's revision of the curriculum, including the explicit learning outcomes, the expanded suite of assessments and the suggested teaching and learning methods.

E The College's review of the mandatory research requirements for training and the flexible suite of research options available for registrars.

2011 Recommendations to satisfy accreditation standards

2 Develop a plan for ongoing development and review of the curriculum and assessment processes. (Standard 3.2)

3 Develop and publish specific learning objectives for the interstate year and implement an information campaign detailing the College's reconsideration, review and appeals process for registrars seeking exemption from the interstate year. (Standard 3.2)

2011 Areas for Improvement

DD Actively communicate with registrars, Clinical Training Supervisors and Clinical Training Instructors on the features of the revised Manual for Candidates to ensure that all are aware of the Manual and changes made to it. (Standard 3.1)

4 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- The training program includes appropriately integrated practical and theoretical instruction.
- The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.1 Teaching and learning approaches in 2008

The clinical component

The requirements for supervised clinical training are:

- Year 1 requires 32 hours per week of supervised clinical training; 24 hours of this supervision must be by College fellows (Clinical Training Supervisors) and the remainder by other medical specialists as Clinical Training Instructors.
- Year 2 requires 24 hours per week of supervised clinical training, 18 of which are with ACSP fellows, six hours supervision by other Clinical Training Instructors.
- Year 3 requires 16 hours per week of supervised clinical training, 12 with ACSP fellows, four by Clinical Training Instructors.
- Year 4 requires no prescribed hours of supervised clinical training, although registrars must demonstrate that they are working in an environment relevant to their clinical training. The registrar may pursue a specific interest area in sports medicine as an elective.

Supervised practice progresses from 'sitting in' to individual independent consultations by the registrar. This is a graded process determined by consideration of the clinical competence of the registrar.

During their training, registrars are encouraged to spend time working with and learning from Clinical Training Instructors who include both medical and non-medical practitioners. Many registrars met by the Team valued this experience, especially time spent with physiotherapists and other practitioners of physical therapies. Registrars are also encouraged to spend a significant amount of time learning about imaging techniques and interpretation from radiologists. The training program benefits considerably from the input of these various Clinical Training Instructors.

To ensure that registrars are exposed to a broad range of sports medicine expertise and experiences they must move to a different state (or region in New Zealand) for at least one of the four years of training. Additionally registrars must not spend more than two of the four years of training at any one specific training location.

Teaching and learning modes

The curriculum requires registrars to complete academic modules, attend formal weekly tutorials, undertake clinical training within accredited practices, and attend and present at disciplinary conferences. Team care, event coverage and exposure to other relevant health professionals such as radiologists, orthopaedic surgeons, physiotherapists and podiatrists are required.

The first three years are conducted in accredited training practices, under the supervision of designated Clinical Training Supervisors. The supervisor is required to be on site for the supervised training and to meet regularly with the registrar to discuss cases and to review their approach to clinical problems. The pedagogy of teaching ranges from observation and apprentice style learning, didactic formal teaching, and case studies to self-directed learning. There is increasing encouragement for registrars (and supervisors) to introduce reflective practice and deeper learning approaches. However, supervisors have to date had very little development in facilitating such reflective learning.

Tutorial program

Registrars must attend weekly group tutorials of four hours duration, which are counted within the supervised training commitment. The content but not the learning objectives of the 44-week tutorial program is defined by the College and begins with a focus on joints, their clinical examination and their pathological conditions. This is followed by diagnostic investigations, some understanding of the role of other health professionals and an overview of problems in specific sports. In Year 2 the clinical examination continues and a range of medical conditions are discussed. Exercise prescription is included within several of these tutorials. Environmental medicine, an understanding of the needs of special groups, updates in orthopaedic surgery and trauma management complete the two-year tutorial cycle.

These tutorials are delivered by Clinical Training Supervisors, Clinical Training Instructors, other health professionals and by the registrars themselves.

Each registrar attends two complete cycles of the two-year program. The registrars interviewed by the Team regarded this duplication as positive, stating that the second iteration provided useful revision, that advances in diagnosis and management often occurred in the meantime, and that in their third and fourth years they often played a role in teaching their more junior colleagues.

Academic modules

The College mandates satisfactory completion of a series of five formally structured and assessed academic modules. These are intended to ensure that the registrar has a sound knowledge of the scientific basis of sports medicine.

Modules are supplied by universities in Australia and New Zealand, including the University of New South Wales, the University of Melbourne, the University of Auckland and the University of Otago. Registrars are not restricted to these universities and are free to apply for accreditation of any formally assessed university module which can be demonstrated to be comparable in both standard and content.

The topics included in the academic module program are research methods, sports nutrition, sports psychology, biomechanics and sports pharmacology and doping. The College intends to introduce an additional module in exercise prescription/public health medicine.

Registrars self-fund their attendance at these modules. They are required to meet the attendance and assessment standards of the institution providing the module.

Team sport coverage

Through coverage of team sports, registrars are expected to learn to function as team physicians and to provide medical coverage at sporting events. Initially, it is expected that registrars will work under supervision and later more independently. However, the Team learned of registrars who provided unsupervised coverage for teams competing overseas.

Every six months, registrars provide their State Training Coordinator with a brief written description of their involvement detailing the team, the competition, role, supervision, other practitioner presence, training and game attendances plus other involvements such as screenings and drug testings. The report must also address a number of skills objectives for team coverage that the College has identified.

Registrars are encouraged to provide cover for a variety of activities, ranging from elite sports through to community activities. The College Manual includes useful summary texts on the sports medicine issues related to a number of sporting activities.

Conferences

All registrars must attend two annual conferences. These are the Scientific Meeting of the College, where registrars present a short case each year and their completed research project, and the Registrar Conference where each registrar is required to present an annual paper. The latter conference is organised by the registrars themselves. These conferences are said to generally include a component of teaching in areas such as personal development, time management and other aspects of the CanMEDS competencies. The conferences also facilitate professional networking and development.

Registrars are also encouraged to attend the College's Clinical Sports Medicine Conference which, although designed primarily for general practitioners and allied health professionals, provides additional exposure to experts within the specified theme of each conference in 2009 (for example the focus will be on assessment and management of back, pelvis, hip and groin pain, plus a series of clinical topics including concussion, the female athlete and diving medicine). The College offers substantially discounted registration to reduce the financial barrier to registrars' attendance.

Registrars' logbook

Registrars must keep an accurate training diary or logbook including details of patients' demographic data and their clinical conditions, service to sporting teams and events, progress in their research project, attendance and presented papers at conferences, and attendance at state-based educational tutorials or other meetings. This logbook is reviewed with the registrar by the STC at their six-monthly meeting.

Professional Learning Portfolio

In 2009 the College is planning to introduce a Professional Learning Portfolio, based on that used by registrars of the Royal Australasian College of Physicians. The portfolio is intended to help registrars meet the objectives of the training program through a process of planning, documentation and reflection. It will be a record of goals and objectives, plans and reflections across the four years of advanced training and is expected to provide a coherent and logical framework to guide self-directed learning. Registrars will not be required to submit any part of the portfolio for assessment purposes.

4.1.1 2008 Team findings

Supervised clinical practice is rightly a major aspect of the learning activity of registrars. The intended Professional Learning Portfolio could be developed as a tool to document individual registrars' learning plans, based on learning objectives defined by the College in a curriculum map. Such learning plans would be negotiated between registrar and supervisor or State Training Coordinator, and would prospectively guide registrars' learning activities. Review of their portfolio at six-monthly meetings with State Training Coordinators would provide evidence of registrars' learning to date, and a basis on which to plan their future learning. Used in this way the portfolio would provide a link between the training program learning objectives and curriculum map, and the learning activities and outcomes of individual registrars. State Training Coordinators, Clinical Training Supervisors and registrars themselves would require training to support optimal use of such a portfolio.

The weekly tutorial program is run independently within each state and region. The tutorials are delivered by Clinical Training Supervisors, Clinical Training Instructors other health professionals, and by the registrars themselves. The content, but not the learning objectives of each tutorial, is defined in the College Manual. Greater use of media technologies would enhance standardisation and might reduce the teaching burden of supervisors, instructors and others.

The academic modules provide registrars with structured teaching and learning about topics important to the practice of sport and exercise medicine. The Team did not visit any of the providers or scrutinise course material in depth, but noted that the modules are provided by accredited universities.

The registrar logbook is essentially a diary of clinical contacts and other activities with learning potential. In itself, it does little to encourage or guide learning. As discussed above, a Professional Learning Portfolio incorporating a personal learning plan that reflects training program learning objectives would achieve the same logbook functions and would also provide prospective guidance for learning activities, and a record for review with supervisors and State Training Coordinators.

Registrars have access to a number of journals via the College website. The educational resources available at each training site varied. Generally, sports institutes provided a greater number and range of educational resources, including access to textbooks and journals, than private practices.

Registrars are required to undertake team support activities. Often these are arranged through links with their training practice, but at other times are arranged independently. The AMC Team met registrars who had accompanied teams on overseas trips in their first or second year of training as the only doctor with the team. They had sole responsibility for the medical

management of the sporting team; the Team had concerns about the safety and appropriateness of trainees working unsupervised in this way. The registrar is required to provide a report on their team involvement and letters of confirmation are required from team management but there is no formal process to obtain feedback on registrars' performance. The Team recommends that a formal process be developed to obtain feedback on registrars' performance in team environments.

4.1.2 Structured education programs in 2008

The College Manual outlines a two-year tutorial program based on a 44-week year.

The College Manual specifies that tutorials should last four hours comprising:

- a formal lecture/tutorial on the nominated subject for the first 90-120 minutes of each session;
- registrar-led case presentations, formal presentations and presentation of journal articles in the second half of sessions;
- practice viva type questions may also be presented by the supervising fellow;
- some weeks require that the whole session be taken up by lectures/tutorials on specific topics.

The Scientific Meeting of the College is held annually. Registrars are expected to attend each one for the full duration of the meeting. At some time immediately prior to, or during the Scientific Meeting, a registrar meeting is held to discuss the training program. Registrar attendance at these meetings is also mandatory.

The Registrar Conference is a weekend conference, held early in each training year, which is convened, organised, programmed and conducted by registrars themselves. Fellows of the College are invited to present workshops and seminars at the request of the registrars. Registrars are required to attend this conference in all four years of training and to present a paper on each occasion.

4.1.3 2008 Team findings

The tutorial program is managed and organised at a state level by the State Training Coordinator. The State Training Coordinator identifies experts in the field to present on topics in the specified tutorial program outlined in the Manual. Presenters from outside the sports medicine specialty provide tutorials on a *pro bono* basis. Many of the presenters from other specialties have links with the discipline of sports medicine, often in a referral association. Currently there is no sharing of tutorial presentations across states or standardisation or quality control across states and regions. A few years ago, registrars organised some tutorials through Skype prior to the Part 2 exam. The College advised that it was looking at uploading tutorials on the website and the Team strongly supports this initiative. The development of a more clearly defined curriculum and learning objectives will assist in ensuring standardisation of tutorial content and quality irrespective of the jurisdiction in which they are delivered.

There is no formal process for obtaining registrar feedback on the tutorial program. State Training Coordinator advised that they received informal feedback from registrars. Formal collection of feedback on the tutorial program and provision of an evaluation report to the presenters is recommended. The College was confident that the contributions from specialists outside the specialty would continue due to the strong links developed. However, the College

needs to ensure their continued commitment and availability during a period of growing demand for clinical education for all health professions.

2008 Commendations

F The incorporation of weekly tutorials and academic modules to deliver core content in a structured way during registrars' training.

K Plans to upload tutorials on the College website.

2008 Recommendations

7 Utilise the proposed Professional Learning Portfolio to document registrars' individual learning plans in light of the training program learning objectives and to inform reflective discussion with supervisors and State Training Coordinators.

8 Provide opportunities for Clinical Training Supervisors and State Training Coordinators to develop skills to promote with registrars deep learning and reflective practice.

9 Consider ways of using information technology to standardise tutorial content across states and regions.

4.1.4 Teaching and learning approaches in 2011

The supervised clinical training requirements have not changed since 2008. The College sets weekly requirements for supervised training:

- 32 hours minimum during the first year of training;
- 24 hours minimum during the second year;
- 16 hours minimum during the third year; and
- no formal supervision during fourth year but the registrar must have prospectively approved a program of activity such as a Masters degree or an overseas placement.

The following situations represent acceptable supervised training as outlined in the current *Manual for Candidates*:

- sitting in;
- file reviews with registrars;
- patient reviews with registrars;
- case presentations;
- in-practice tutorials;
- individual, independent consultations with supervisor meeting at end of list to review files; and
- supervisor being available in clinic to discuss patient assessment of management at any time.

Registrars are required to attend a tutorial program on a weekly basis. The topics to be covered in Year 1 and Year 2 are determined by the Training Committee. The College has standardised the content of the tutorials through the development of the learning objectives. The requirement to complete five postgraduate academic modules has not changed since 2008. The provision of medical care to sports teams and events is a requirement of the College program with registrars required to cover nine team events during their training.

Registrars are required to attend the annual Registrar Conference and the Annual Scientific Meeting. At the Annual Scientific Meeting, all registrars present a three minute / three slide case and their completed original research prior to the completion of their training. The Team observed excellent examples of registrars presenting cases at the College's 2011 Annual Scientific Meeting.

4.1.5 2011 Team findings

Each training region runs independent tutorial sessions using a standardised tutorial program. There is not a centrally run weekly tutorial session that can be accessed anywhere by any registrar in Australia or New Zealand. The Training Committee determines the tutorial topics but does not specify the order in which these topics are to be covered, although registrars are strongly encouraged to follow the program as outlined in order to permit attendance by registrars travelling interstate. It is recognised that the availability of speakers will determine the local scheduling of tutorial topics. The Team heard positive feedback from registrars and clinical training supervisors about the value of the learning objectives in assisting the development of tutorial content.

In 2008, the College was encouraged to formalise the process for obtaining regular registrar feedback on the tutorial program. The College has responded to this recommendation by asking registrars for feedback during College training practice accreditations. The visiting team using the Training Practice Accreditation Visit Form will gather this information. The Team looks forward to feedback on this development.

The College does not have an online backup of training materials. The College indicated that as it is revising its website, it is considering uploading tutorials onto the College website, as either podcasts or PowerPoint presentations. The Team encourages the College to proceed with making tutorials available through the website. The Team considers that this has a number of advantages. It allows registrars, irrespective of their location, to access the expert in a particular area; and it decreases the training burden across all regions and for registrars in isolated regions gives them wider access to teaching resources. The Team acknowledges facilitating the sharing of tutorial resource materials across states and regions will require a considerable commitment of resources by the College.

As part of the team and event coverage requirements, registrars are required to complete a report about each team or event covered. This report requires the registrar to reflect on their experience. The team supervisor will also complete a form providing feedback to the College on the registrars' performance.

The Learning Portfolio has been developed by the College but as yet has not been introduced. This is scheduled for February 2012, when the revised curriculum is introduced. The Learning Portfolio has been adapted in line with the revised *Manual for Candidates* and curriculum and reflects the introduction of the various workplace assessments. The Portfolio aims to document and monitor the registrars' personal learning plan and support the achievement of

learning goals. The Team acknowledges the implementation of the Learning Portfolio will also inform reflective discussion with supervisors and State Training Coordinators.

The Learning Portfolio consists of completed registrar progress reports, WBA feedback forms, event or team coverage feedback forms, and Clinical Training Supervisor and Clinical Training Instructor. The Learning Portfolio will be discussed at the registrar's six-monthly meeting and used to assess whether the registrar has progressed satisfactorily and met specific requirements before being eligible to sit the Part 2 examination. The Training Committee along with the registrar body agreed to implement a hard copy folder style process for all registrars in 2012 as a full trial. After the trial, the College will decide if this format will continue or if it will introduce an electronic version on the College's website. The College will also explore whether the Learning Portfolio will be individually designed to suit each registrar's personal preferences. The Training Committee will review the process in November 2012, following two six monthly review periods. As discussed in Section 5 of this report, the Team was unclear how the Learning Portfolio would serve both formative and summative assessment purposes, and the College should clarify this before the tool is implemented.

The clinical year is a 44-week year thus allowing registrars up to four weeks' leave per year and time to attend team events, including overseas team events, without affecting their supervised training time requirements.

The curriculum requires registrars to have knowledge of general practice type conditions (e.g. eczema, influenza, sexually transmitted disease, and diarrhoea). The College indicated that it had considered but not implemented an option of a rotation to a general practice The College considers that registrars' in their current training practices do receive appropriate exposure to these general practice conditions. The College also indicated that it has explored with General Practice Education and Training the potential opportunities for dedicated prevocational training in general practice for doctors interested in applying for training in sports medicine.

The Team considers recommendation 8 from 2008 has been met. Recommendation 7 from 2008 is replaced by recommendation 5 in this report. Recommendation 9 from 2008 is replaced by recommendation 6 in this report.

4.2 Provision of teaching and learning aids/courses in 2008

The College Manual has a detailed list of recommended reading for trainees. Registrars have access to five sports medicine journals via the College website. They can access the personal libraries of supervisors at some training practices.

Registrars advised the Team that they need to access literature beyond that provided by the College. This is particularly required for completion of the research project. Some registrars indicated that they use the passwords of colleagues with university or other access rights to obtain the additional material.

4.2.1 Courses provided by other organisations in 2008

The required academic modules are provided by the University of New South Wales, the University of Melbourne, the University of Auckland and the University of Otago. Registrars are not restricted to these universities and are free to apply for accreditation of any formally assessed university module which can be demonstrated to be comparable in both standard and

content. Registrars are required to meet the attendance and assessment requirements of the provider institution, and to bear the cost of all fees and other expenses.
The College indicated to the Team a wish to have greater involvement in the content of these modules in the future, but described no well-developed plans for doing so. The College also proposes a future module in exercise prescription and public health medicine.

A number of registrars have completed a Masters degree in sports medicine or a cognate discipline, normally prior to commencing the College training program. Such degrees often provide modules similar to those required for the program, and/or supervision of a research project (which may or may not result in a publication). The College has processes for recognition of prior learning in such circumstances.

2008 Commendation

G The online provision of full text access to leading sports medicine journals.

2008 Recommendations

12 Negotiate with other educational providers to enable wider access to full text journals and other learning resources.

13 Investigate the potential for further encouragement of trainees to undertake a Masters degree in sport and exercise medicine, perhaps concurrent with the College training program.

4.2.2 2011 Team findings

The College provides online access to journals via the College's website. The Team observed that access to the online journals was not always available. The Team encourages the College to ensure this facility is accessible at all times.

Until recently, the College did not have arrangements with other education providers to enable wider access to other journals and other learning resources. Some registrars had access to university collections through their enrolment in a university course/module. However, the College has recently negotiated with the British Journal of Sports Medicine, the Clinical Journal of Sports Medicine and the Scandinavian Journal of Medicine and Science in Sports to access online materials. College members also have access to a large range of journals and archival material via the Ovid platform. The College also indicated that it is discussing with the University of Canberra the creation of online academic modules. If these negotiations are successful, the College believes this may provide some additional benefits such as access to online medical journals.

Registrars are required to complete an Early Management of Severe Trauma (EMST)/adapted Trauma course. The College does not provide its own course, and registrars are required to access the courses through other training organisations. Issues of access to these courses and their overall relevance to sport and exercise medicine have led the College to explore the development of its own modified course. A pilot of a modified course based on the Australian Football League doctors' model will be run in 2012. The Team acknowledges the significant commitment of financial and staffing resources that will be required by the College to deliver this course. The AMC will wish to be informed of the outcome of this pilot and its future

sustainability as well as any other initiatives by the College to assist registrars to satisfy this mandatory educational requirement.

The Team considers recommendation 12 from 2008 has been met. The Team agreed recommendation 13 from 2008 is no longer relevant to the standards and has been satisfied.

4.3 Increasing degree of independence in 2011

The training program ensures increasing degree of independent responsibility. The requirements for registrars' supervised practice per week decrease as they progress through the training program.

If a registrar is to travel with a team without a supervisor, the Training Committee must approve the plan in advance. This requirement enables the Training Committee to consider whether the registrar has the necessary clinical experience and to ensure that there are processes in place for the registrar to obtain access from a fellow if required while they are travelling with the team.

2011 Commendations

F The standardisation of tutorial program content through the development of defined learning objectives.

2011 Recommendations to satisfy accreditation standards

4 Introduce the Professional Learning Portfolio to document registrars' individual learning plans and to inform reflective discussion with supervisors and State Training Coordinators. (Standard 4.1.3)

5 Develop processes to facilitate greater sharing of tutorial resource materials across states and regions. (Standard 4.1.2)

6 Ensure educational support is available to assist registrars to meet the requirement for completion of an Early Management of Severe Trauma (EMST)/adapted trauma course. (Standard 4.1.2)

5 Assessment of learning

The accreditation standards are as follows:

- The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
- The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.
- The education provider facilitates regular feedback to trainees on performance to guide learning.
- The education provider provides feedback to supervisors of training on trainee performance, where appropriate.
- The education provider has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.1 Overall assessment and examination policies in 2008

The College has developed procedures for both summative and formative assessment. The principal means of assessment are the Part 1 entrance examination, formal six-monthly reviews with State Training Coordinator (STC), and the Part 2 fellowship examination. The procedures for the Part 1 and 2 examinations and for the six-monthly review meetings are clearly documented in the College Manual.

The summative examinations fall under the responsibility of the Board of Censors and the Censor-in-Chief, with the Training Committee having responsibility for overseeing the six-monthly review meetings. The Censor-in-Chief sits as a member of the Training Committee.

Registrars are also required to meet the assessment requirements of the mandatory Emergency Management of Severe Trauma course, and of all academic modules attended.

5.1.1 Alignment of assessment to educational goals in 2008

The Team found through its meetings with registrars and fellows, and responses to the survey that the College examinations are widely felt to be a thorough and complete assessment of the overall aims of the training program. However, in the absence of clearly defined learning objectives, it is not possible to demonstrate in detail the alignment of assessments to educational goals or, more importantly, to identify potential gaps in the assessment of registrars' learning and competence. Development of an assessment blueprint, linked to a curriculum map with explicit learning objectives, would address this issue.

5.1.2 Formative and in-training assessment

The six-monthly reviews with the State Training Coordinator are essentially formative. Responsibility for arranging these meetings rests with the registrar and details for this process are contained in the College Manual.

Prior to the interview the registrar sends their Clinical Training Supervisors and Clinical Training Instructors copies of the CTS/CTI Report form for completion.

This form seeks an assessment of the registrar on a five-point rating scale for each of the thirteen domains of performance:

- general medical knowledge;
- sports medicine knowledge;
- diagnostic skills;
- development of therapeutic plans;
- record keeping;
- patient communication;
- professionalism;
- written/oral communication;
- interpersonal skills;
- organisational skills;
- punctuality/reliability;
- intellectual curiosity; and
- ability to work in a team environment.

There is also provision for the completing supervisor/instructor to indicate '*Areas where the Registrar could improve'* and a recommendation is sought as to whether the registrar should be allowed to continue to progress within the training program. The completed form is forwarded in confidence to the Chair of Training in advance of the review meeting. Because registrars may have more than one supervisor, plus a variable number of Instructors in a six month term, more than one CTS/CTI form is normally forwarded per registrar per term.

The registrar must take the following documents to their interview with the State Training Coordinator:

1. A completed Training Diary or logbook in which details of all aspects of the registrar's program are recorded. Entries into the diary include the following:
    - location of practice or consultation centre;
    - supervising Clinical Training Supervisor or Clinical Training Instructor;
    - age, gender and diagnosis of each patient seen during the term;
    - surgical assisting sessions – the surgeon and the hospital;
    - attendance at clinical tutorials and State education meetings plus topics discussed or presented;

- other tutorials held with Clinical Training Supervisor/Instructor; and
- details of event and team coverage.

2. A completed Registrar Progress Report. This gives a summary of the registrar's activities in the preceding six months, including:
   - location of training post(s);
   - name of supervisor, hours per week spent working & number of patients seen at each training location;
   - summary of surgical assisting undertaken;
   - progress with research project;
   - team attachments and event coverage undertaken;
   - lectures and talks presented;
   - conferences attended; and
   - registrar's comments on experiences in their training practices, including teaching, patient case mix and load, and the attitudes of non-ACSP fellows in relation to their training.

The registrar and STC review the registrar's progress to date and discuss the registrar's plans for the future. A number of Clinical Training Supervisors and Instructors told the Team that the information in the CTS/CTI report(s) is provided to the College in confidence, and is not supposed to be disclosed to the registrar. However, the College has advised that the report(s) form the basis of the six-monthly interview and is/are therefore not confidential. To avoid this confusion in the future, the College should develop a clear protocol and make it available to registrars and all involved in their training.

More informal formative assessment takes place during regular weekly tutorials between registrars and supervisors and this is used to inform completion of the CTS/CTI Report.

5.1.3 Summative assessment

The principal summative assessments are the Part 1 examination undertaken prior to entry to the advanced training program and the Part 2 (exit) examination which in combination with the other course requirements leads to award of fellowship of the College. The examination processes for both the Part 1 and Part 2 examinations are documented in detail in the College Manual.

Registrars are also required to pass the mandatory Emergency Management of Severe Trauma course and any assessments included in the five required academic modules.

Part 1 examination

The Part 1 examination consists of two written papers held on the same day. Each paper comprises 120 multiple choice questions.

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

Candidates are supplied with sample questions and a detailed reading list to prepare for this examination.

The MCQ questions in both papers are of two types:

- Type 1: A stem followed by five possible answers of which only one is correct (often called "A-type" questions in the assessment literature).
- Type 2: A stem followed by four possible answers of which one or more than one is correct. The candidate is required to indicate which of five possible groupings contains only the correct answers ("K-type" questions in the literature).

Correct responses receive one mark. Marks are not deducted for incorrect answers.

The Part 1 examination can be taken at any time after medical qualification and remains valid for a period of five years.

Candidates holding the FRACS Part 1 are required to complete a supplementary exercise physiology examination to comply with the requirements for equivalence before being deemed to have the necessary pre-requisites to apply for the training program. Candidates who have completed the RACP examination and fellows of the Australasian College for Emergency Medicine are required to pass the anatomy paper of the ACSP Part 1 examination plus a supplementary exercise physiology examination. In all cases these qualifications must have been attained less than five years prior to application into the training program.

Part 2 written examination

The Part 2 examination includes both written and clinical components.

The written component comprises two papers, each of three hours duration:

- Paper 1 is a multiple choice question (MCQ) paper of 120 questions, each worth one mark. Marks are not deducted for incorrect answers. The two types of MCQ ("Type 1" and "Type 2") used in the Part 1 examination, and described above, are also used in Paper 1 of the Part 2 examination.
- Paper 2 is a short-answer-type question paper consisting of ten compulsory questions. The questions are of equal value and may be answered in essay or point form.

Candidates are provided with examples of both types of multiple choice questions and of the short-answer-type questions.

Part 2 clinical examination

The Part 2 clinical examination aims to examine the candidate's competence in the assessment and management of sporting injury and internal medicine, as relevant to the exercising person, including skills and knowledge in clinical diagnosis and examination, investigations, ongoing management and rehabilitation. The format is as follows:

- Long Case (60 minutes):
  - 30 minute interview and examination time with patient;
  - 10 minutes to prepare presentation (patient in room);
  - 20 minutes with examiners (patient not in room);

- *30 minute rest period;*
- Orthopaedic Short Cases (30 minutes);
- *20 minute rest period;*
- Overuse Short Cases (30 minutes);
- *20 minute rest period;*
- Viva (30 minutes);
- *Completion of feedback form.*

Candidates who fail the written component of the examination are allowed to sit the clinical assessment for practice, but are not formally marked on their performance; however feedback is provided.

All potential College examiners for the Part 2 examination undergo training in examination techniques and sit as observers before being invited to act as examiners. Initially, new examiners are paired with a more experienced colleague. Examiner performance is routinely monitored by the Censor-in-Chief.

Part 2 clinical examination – report by Team Chair

The Team Chair was invited to attend the ACSP Part 2 clinical examination as an observer on Saturday 18 October 2008. Two candidates attended for examination, plus one candidate who had failed the written component but was entitled to a 'practice run'.

The examination comprised four sections: one long case, a group of short orthopaedic cases, a group of short overuse cases and a viva. Each section was examined by a different pair of examiners, thus each candidate met a total of eight examiners. Examiners marked the candidates independently, without conferring.

Long case (1 hour)

Each candidate interviewed and examined a single long case. The candidate was alone with the patient for 40 minutes, and was then examined without the patient present for a further 20 minutes. The cases were both of elite athletes with medical complications plus a history of sports-related injuries. Marks were awarded for:

- clarity and organisation of presentation (max 3 marks);
- history and examination (max 7 marks);
- understanding of investigations and diagnosis (max 10 marks);
- management plan (max 10 marks).

In addition, examiners recorded comments to support their assessed marks.

Short cases (30 minutes each)

The orthopaedic and overuse cases were all non-elite and/or recreational athletes. Many had accompanying imaging (x-rays, etc). Candidates were examined on a minimum of four cases in each section. Examiners awarded a numeric score of 1 to 7 for each case examined, plus a single score of 1 to 7 for overall performance in their section. Each score had an associated descriptor, ranging from:

1) *A very poor performance = unable to demonstrate signs despite extensive prompting, fails to demonstrate level of knowledge consistent with specialist practice despite extensive prompting, displays significant or dangerous errors of judgment. No management plan*; to

7) *Exceptional standard = demonstrates superior specialist level skills and knowledge. Excellent understanding of management plans*.

A score of 4 indicated 'Expected standard' – lower scores indicated performance below that required for a pass. In addition to the score, examiners recorded comments to support their assessment.

Viva (30 minutes)

The viva was conducted without patients but with 'props' including images, an ECG, a glucagon injection set and nutritional supplements. Candidates were examined on a minimum of six cases including at least one acute injury, one overuse injury and one medical condition. The same scale was used for assessment in the viva as in the short cases.

Management and quality control

The examination is the responsibility of the Censor-in-Chief and the College secretariat. The Censor was present throughout and advised that he or another experienced examiner regularly observe pairs of examiners to ensure consistency across examiners.

Prior to the arrival of candidates, the examiners reviewed the history, physical signs and available images of each case. The evening before the clinical examination, all the examiners had attended a briefing session during which they were given details of their cases to ensure that they were appropriate and to allow times for the examiner teams to formulate standard questions for each case.

The Censor-in-Chief advised that candidates' marks and examiners' comments would be collated and reviewed by a meeting of the Board of Censors within 48 hours of the end of the examination to finalise results. Candidates are required to pass all sections to pass the examination in total. Where a candidate has received a borderline fail in a section it may be possible, with an exceptional performance elsewhere in the examination, for them to be awarded an overall pass. Unsuccessful candidates are given feedback as to the section(s) of the examination they have failed. This feedback is based on the relevant examiners' comments.

Comment

The Team Chair observed no discrepancies between documentation in the College Manual and the actual conduct of the examination, which was efficiently coordinated by the Censor-in-Chief, members of the secretariat and examiners present.

The cases were within the scope of expected practice of a specialist sports physician, were varied and covered a wide range of injuries and other relevant conditions.

5.1.4 2008 Team findings

The Team commends the College on its commitment to a regular, formalised cycle of formative assessment of its trainees. The Team considers that this process could be further strengthened by incorporating evidence from systematic use of tools such as directly observed

assessment of procedural skills, multi-source feedback (360-degree appraisal) and patient surveys.

The current CTS/CTI report form has limitations in that supervisors and instructors are not required to justify the numerical ratings that they provide for registrars on each of 13 domains of performance, or to provide reasons for their recommendation as to whether the registrar should progress. The only space for qualitative response is to identify '*Areas where the Registrar could improv*e'. In accordance with contemporary educational practice, an additional space '*Areas of strength'* should be considered. To avoid confusion, the College should develop a clear protocol on the submission and disclosure of the content of CTS/CTI reports and make this available to registrars and all involved in their training.

The College has advised the Team that in 2009 it plans to introduce Professional Learning Portfolios for registrars. The current plan is that registrars will not be required to submit any part of the portfolio to the College for assessment purposes. The Team considers that the Professional Learning Portfolio could be developed further as a formative assessment tool to document individual registrars' learning needs and plans, to review progress and achievement against their plan, and to agree on future learning needs and activities.

A Professional Learning Portfolio used in this way could also provide structure and focus to less formal formative assessment conversations between registrars and their Clinical Training Supervisors and Instructors.

The Team acknowledges that the College has made considerable efforts in recent years to strengthen the robustness and consistency of its Part 1 and 2 examinations.

The Part 1 examination is a requirement for entry into the advanced training program and the Team understands that the rationale for this examination is to ensure that prospective registrars have a thorough knowledge of the basic sciences to adequately prepare them for clinical practice in the discipline of sport and exercise medicine. The College provides candidates with a reading list of current textbooks and sample questions prior to sitting this examination. Success in this examination is likely to continue to be an important selection criterion, especially given the reduced emphasis on basic sciences in many undergraduate medical curricula. Trainee feedback indicated that many found the Part 1 examination to be a significant hurdle and several took time off work or reduced work commitments to prepare for this. All stated that they felt this examination was a valid assessment of the knowledge required for entry to the training program.

The Part 1 examination comprises two papers each of 120 multiple choice questions (MCQs). The Part 2 written examination comprises one paper of 120 MCQs plus one paper of ten short answer questions. In its submission for accreditation, the College advised that '*the MCQ examinations are set from a bank of questions and the questions are reviewed regularly to ensure that they perform appropriately and are current*'. The College advised the Team that the bank for Part 2 includes approximately 300 questions. This means that each question will be utilised on average every 2.5 years and some are likely to be used considerably more frequently. The College should expand its question bank for the Part 2 examination.

The MCQs are in two formats. Type 1 (also called A-type) questions are widely used and are regarded as having good psychometric properties. Type 2 (also called K-type) questions are no longer used by many educational institutions due to concerns about their psychometric

properties. The College should cease use of Type 2 K-type MCQs and consider instead the use of other question formats such as extended-matching questions.

The Part 2 clinical examination is clearly documented. It assesses candidates' assessment and management plans for a wide range of injuries and other conditions relevant to the practice of a specialist sports physician. The College is currently reviewing the place of the long case within the Part 2 examination although there are no immediate plans to change this. Procedures for ensuring reliability and consistency of the examination appear appropriate.

The Team suggests that the College consider additional approaches to summative assessment of learning outcomes, such as critical reading of a scientific paper and assessment of outcomes derived more explicitly from the CanMEDS principles.

2008 Commendations

H The College's commitment to a regular, formalised cycle of formative assessment of its trainees.

I The College's efforts to ensure that its summative assessment processes are valid, reliable, robust and consistent.

2008 Recommendations

14 Explore ways of incorporating additional evidence into trainees' six-monthly reviews, such as the systematic use of tools including directly observed assessment of procedural skills, multi-source feedback (360-degree appraisal) and patient surveys.

15 Revise the CTS/CTI report form in the light of Team's comments and consider requiring that this be discussed with the registrar before submission to the College.

16 Develop an assessment blueprint, linked to a curriculum map with explicit learning objectives, to document alignment of assessments to learning objectives and to identify potential gaps in the assessment of registrars' learning and competence.

17 Increase the size of the Part 2 MCQ question bank.

18 Discontinue use of Type 2 (K-type) MCQs in summative examinations and consider instead the use of other question formats such as extended-matching questions.

19 Consider additional approaches to summative assessment of learning outcomes, such as critical reading of a scientific paper and assessment of outcomes more clearly derived from the CanMEDS principles.

5.1.5 2011 Team findings

Since 2008, the College has improved its formative and summative assessment processes. The College has made considerable progress in blueprinting all assessment components to the revised curriculum. A major focus of the review was in the formalisation of the formative assessment tools.

In 2008, the Team recommended that the College explore ways of incorporating additional evidence into registrars' six-monthly reviews. In response, the College has introduced a mini-CEX (clinical exam) in 2010; DOPS (direct observation of procedural skills) in 2011. It will

introduce case-based discussions alongside the revised curriculum in 2012. The College has introduced formal event cover and team cover reports, and has modified these so that the relevant fundamental competencies are self-assessed by the registrar and then by the supervisor and team/event manager.

The ***Mini-CEX*** allows the registrar to gauge aspects of their on-the-job performance. The registrar is observed taking a history, performing a physical examination and discussing a management plan with the patient. This is followed by feedback from the instructor and a report is submitted to the College. Over the three years of training three of these encounters will take place across a range of sub-specialty areas. The domains tested include medical interviewing skills, physical examination skills, professional qualities and communication, counselling skills, clinical judgement, and organisation and efficiency.

The ***DOPS*** is a form of mini-CEX where the focus is on observing and assessing performance of a procedure on a real patient. There will be 10 to 15 minutes observation time followed by five minutes of feedback and completion of a rating form. The latter assesses components skills such as obtaining informed consent, appropriate pre-procedure preparation, technical ability, communication skills and overall clinical competence. The following procedures are subject to this examination: subacromial injection, acromio-clavicular injection, knee joint injection or aspiration, ankle injection, and posterior ankle impingement injection. A number of other competencies need to be witnessed and others that are required to be performed during training must be documented.

The case-based discussion will allow an assessment of the registrar's reasoning and knowledge base. If these assessments are well carried out then a clear picture of the registrar's overall professionalism and handling of specific issues should result.

The College believes that the new assessment arrangements cover all aspects of the revised curriculum and that appropriate styles of assessment are matched to suitable learning outcomes.

The College uses the following formative assessments:

- Mini-CEX, with a requirement of completing three per annum;
- DOPS, with a requirement of five to be documented during the training program;
- case-based discussion;
- reports by the Clinical Training Supervisor (CTS) and Clinical Training Instructor (CTI) every six months; and
- team and event coverage reports.

The College's summative assessments are ACSP Part 1 examination, and ACSP Part 2 examination.

In response to the 2008 recommendations, the College updated the CTS/CTI forms to include descriptions for the ratings and a section for the supervisor to justify the ratings. The College advised the forms are not confidential and are discussed with the registrar at their six-monthly meeting. They are however submitted direct to the College in the first instance and then distributed to the State Training Coordinators to inform discussion with registrars at the six-

monthly review meetings. The College will include this information in the revised *Manual for Candidates.*

The summative assessment instruments have not changed since 2008. At the end of 2011, the College began a major revision of the Multiple Choice Question (MCQ) component of the Part 2 examination. The Board of Censors commenced this review by convening a question writing workshop held at the College's 2011 Annual Scientific Meeting. The MCQ bank will be expanded and the construction of the MCQs will be brought into line with best practice. The College is satisfied the Part 2 examination components are not duplicated and cover most of the competencies desirable in a Sport and Exercise Medicine Physician. The MCQ review will focus on topic areas that the mapping of assessment to learning outcomes has shown to be inadequately assessed. The College will also analyse the short answer questions to ensure a broad spread of content is included. This review will consider if these items are closely matched to the revised curriculum and to the CanMEDS principles.

The MCQ questions are of two types: A-type, where a stem is followed by five possible answers of which only one is correct; and K-type, where a stem is followed by four possible answers of which one or more than one is correct.

The College has taken expert advice on the structure of its MCQ examination and is phasing out K-type questions and replacing them with conventional response type questions. The College anticipates the phasing out of K-type questions will be completed by the end of 2013. The Team commends the College for its proposed plans in completing this assessment review. For a small College, issues of capacity to make these changes will be a significant challenge, and the Team looks forward to further feedback on progress in this area.

The College argues that completion of the various formative assessments collectively creates a Learning Portfolio that, as a whole, can be considered a summative assessment. To be introduced in early 2012, the Learning Portfolio will include completed registrar progress reports, WBA feedback forms, event or team coverage feedback forms and CTS/CTI reports. The Learning Portfolio must be completed prior to the end of training and it helps to address CanMEDS competencies. The Team recommends the College formally document the purpose of the Learning Portfolio for registrars and Clinical Training Supervisors. The College will need to clarify how the Learning Portfolio will be both a formative aid to learning and objective summative assessment.

The Team considers recommendations 14, 15, 16 and 19 from 2008 have been met.

Recommendations 17 and 18 from 2008 are progressing satisfactorily. The Team encourages the College to continue its work in expanding the MCQs and discontinuing the K-type questions.

5.2 Procedures for performance feedback and review in 2008

Feedback on their performance in the Part 2 written examination is automatically sent to unsuccessful candidates and comprises pass or fail status in each component of the examination. Individual feedback is available, on request to the Board of Censors, to all candidates who are unsuccessful in the Part 2 clinical examination. Candidates are made aware that this facility is available at the time of written notification of results. The protocol for such feedback is as follows:

- Initial feedback and counselling will be given by counsellors (senior fellows) appointed by the Board of Censors.
- Fellows appointed to these counselling roles will not have been examiners in the examination in question but will have previous experience as examiners.
- The feedback will include listing all components failed in each section of the examination, including those in sections which received an overall pass.
- The feedback given will not include the actual marks achieved.
- Counselling fellows will have direct access to the examiners' written comments on the candidate's performance, but the candidate will not.
- The counselling fellow may allude to the examiners' comments but will avoid direct quotation or naming of the individual examiners.

5.2.1 2011 Team findings

The assessment policy, the nature of the assessments and the standards of performance required are detailed in a number of College documents. The documents developed since 2008 are as follows:

- Mini-CEX Information Sheet for Fellows and Registrars;
- ACSP Formative Mini-CEX rating form;
- ACSP Formative Mini-CEX form;
- Mini-CEX Case Type Framework;
- Introduction to DOPS;
- Clinical Competencies for Registrars;
- Part 1 Assessment;
- Part 1 Assessment Reading List;
- Part 2 Assessment Guide; and
- Part 2 Assessment.

To test clinical competency, the min-CEX allows both the professional behaviour and knowledge base to be assessed. Feedback following this encounter is considered the most important aspect. Feedback is gained from the patient and the registrar about how the process went and then from the supervisor. Both positive and negative aspects of feedback must be discussed.

Capability in procedural skills, assessed by DOPS, is fundamental to the technical aspects of the specialty. This encounter consists of observation time followed by five minutes of feedback to the registrar and completion of a rating form.

Registrars are required to move to a different state, or region in New Zealand, for at least one year and may spend no more than two of the four years of training at any one training location. The College does not have a formal process for informing Clinical Training Supervisors about their new registrar's progress in the training program. The Team recommends the College develop a formal process which will assist supervisors. The Team

acknowledges considerable staffing resources will be required to implement this process as well as commitment from the State Training Coordinators to manage the process.

The Team noted that candidate feedback on formative assessments appears appropriate. There is no formal feedback from the examiners to candidates who fail the Part 2 examination although candidates may get indirect feedback. The Team encourages the College to formalise these processes. In relation to the long cases, feedback to candidates should state which aspects of the assessment was unsatisfactory. For the short cases where there is an overall assessment, feedback should be provided on which cases were unsatisfactory and why.

5.3 Assessment quality in 2011

The College has shown its willingness to develop its assessment methods in relation to the curricular improvements it has made. The evaluation of specific curricular components seems appropriate.

Summative assessment in the Part 2 examination retains the same format that has existed for several years but the College is to redevelop the MCQs in line with best practice. The College uses a variety of formative assessments that will provide a broad assessment of knowledge and professional activities.

According to the College's submission, it sets standards for the short answer question paper by:

- involving several fellows in the formulation of each marking template;
- involving two or more fellows in the application of the templates;
- avoiding using fellows who have a high level of expertise in the topic of question; and
- not changing or amending templates during the marking process.

The College achieves standard setting in the clinical exam by using question templates. The same examiner will ask the same question for each candidate. Examiners are required to attend a briefing session to set templates for each viva patient and section. The College ensures consistency between experienced and inexperienced examiners by independent scoring. The College runs examiner workshops. It has confirmed it has a pool of appropriately trained examiners for the next six years.

The College tracks the statistical performance of MCQs. Until 2011, the MCQ exams were monitored via the performance of questions over time, with pass mark adjustments appropriate to the performance of newly introduced questions. At each examination the number of correct attempts and the total number of attempts for each questions were recorded. Questions which were clearly too easy or too difficult were removed from the database. These percentages were also used to adjust pass marks from sitting to sitting.

In 2012, the College intends to set MCQ pass marks using formal psychometric methods but recognises there are some limitations given the small sitting numbers. The College intends to introduce this change when it introduces the new Part 1 examination question bank and upgrades the Part 2 examination question bank.

Candidates and examiners provide verbal and written feedback on the short answer questions. The College uses this information to determine if the questions are confusing or if the

templates were failing to reward answers appropriately. Adverse reports from the markers may result in a question being withdrawn. This feedback will also assist in the construction of future exams. Generic feedback is sought from candidates regarding the conduct of the examination on the day.

Examiners in clinical exams are evaluated through feedback forms and by direct observation of the Censor in Chief. From the end of 2011, the College intends to ask examination observers to complete a feedback form on their experience rather than providing verbal feedback.

As detailed in Section 3, the Team acknowledges that whilst an impressive curriculum and its assessment methods have been developed, the College will need to develop a plan for the on-going curriculum and assessment development and review.

2011 Commendations

G The College's significant effort in the development of mini-CEX, DOPS and case-based discussion assessments which match the curriculum and enhance the learning objectives.

H The College's introduction of team and event coverage assessments.

2011 Recommendation to satisfy accreditation standards

7 Develop a formal process to inform Clinical Training Supervisors of the progress in the program of registrars who are transferring into their location. (Standard 5.2)

2011 Areas for improvement

EE Clarify whether the Learning Portfolio will be a formative aid to learning only, or will also be used as a summative assessment mechanism. (Standard 5.1)

FF For assessment by the Part 2 examination, continue to revise and enlarge the bank of MCQ questions and continue removing all Type 2 (K-type) questions. (Standard 5.3)

GG Provide feedback to candidates who fail the Part 2 examination; for long cases by stating which aspects of the assessment was unsatisfactory, and for short cases where there is an overall assessment, which cases were unsatisfactory and why. (Standard 5.2)

5.4 Assessment of overseas-trained specialists in 2008

The accreditation standard is as follows:

- The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

The College has not yet been required to assess the qualifications, training and experience of overseas-trained sports physicians (OTSP). It has, however, developed a guide for doctors who have trained in sport and exercise medicine overseas, and who wish to apply for

recognition as a sport and exercise specialist in Australia or New Zealand. The guide outlines the requirements. There are some minor differences in process between the two countries.

Applicants should familiarise themselves with the training curriculum of the College and then provide a properly documented application to the Australian or New Zealand Medical Council.

In Australia, the AMC requires primary source verification of medical qualifications through the international credentials service of the Educational Commission for Foreign Medical Graduates. After vetting by the AMC, the application and documentation would be forwarded to the College, which would review the documentation and referee reports, and then interview the applicant face to face in Australia.

In New Zealand, the Medical Council of New Zealand requires that the applicant's primary medical degree is from a medical school listed in either the World Health Organisation or Foundation for Advancement of International Medical Education and Research directories. After the Council pre-assesses the application, including referee reports which it sources directly, it would forward it to the College for review and provide preliminary advice. If favourable, the Medical Council may resolve that the applicant may commence working on a provisional vocational scope of practice under assessment pending a face-to-face interview with the College. To qualify for registration within a vocational scope, the applicant must be able to assure the Medical Council that he or she has qualifications, training and experience, equivalent to, or as satisfactory as that of a New Zealand trained doctor registered in the same vocational scope of practice, is capable of independent, unsupervised practice, and is competent to practise medicine within the vocational scope.

The College process

The guide outlines a satisfactory College process for handling applications. Review of documentation and referees' reports is followed by an interview with at least three senior fellows of the College, two nominated by the College Council and one representing the Board of Censors. The panel will submit a report to the Board of Censors, which assesses whether the overseas-trained physician should be able to practise competently and independently in the Australasian health care system or advise if he or she is not suitable. The decision of the Board will be forwarded to the AMC or MCNZ, with advice about further assessment.

The options for such further assessment are:

1. that the applicant completes a period of practice, usually twelve months, under peer review.
2. that the applicant completes the written and/or clinical examinations of the College.
3. that the applicant successfully undergoes a vocational practice assessment undertaken upon completion of satisfactory supervised practice usually of 12 months duration.
4. a combination of the above requirements.

Peer review

The College states that the purpose of this period is twofold. It allows the OTSP to gain experience working in the Australian or New Zealand healthcare system, and it also allows currently practising specialists to interact with the OTSP in a clinical context. It helps to

determine if he or she is practising competently and to identify any areas of practice that might require improvement prior to final sign off. The cultural competencies unique to Australia and New Zealand are of importance. In New Zealand, candidates for provisional vocational registration must be able to reach the standard required for registration in a vocational scope within a maximum period of 12 to 18 months of supervised practice.

The College has stated that there must be at least two peer reviewers nominated by the employing institution. They are expected to meet with the OTSP at least monthly to discuss progress and implement any necessary remediation programs. Peer review reports will be completed at 3, 6 and 12 months in Australia and three monthly reports will be forwarded to the MCNZ in New Zealand. The peer reviewers will confer with other medical, nursing and paramedical staff with whom the OTSP interacts. The evaluation will be discussed with the OTSP who will also sign the report and comment on it.

At the completion of the period of peer review, the Board of Censors will decide whether it has been completed satisfactorily and if other assessments are required. These may include a practice visit and/or written and clinical examinations. Once the requirements of the Board of Censors have been completed the AMC or MCNZ will be advised that the applicant is eligible for specialist registration. The applicant will also be eligible to apply for fellowship of the College.

5.4.1 2008 Team findings

The guide outlines the requirements for Australia, and the Team would recommend that the College clarify the requirements for New Zealand.

2008 Commendation

U The process for assessment of overseas-trained sports physicians conforms to the requirements of the AMC. It is thorough and should give a reliable assessment of the candidate.

2008 Recommendation

36 Edit the guide for assessment of overseas-trained specialists so that it gives advice which is appropriate for both Australia and New Zealand.

5.4.2 2011 Team findings

As detailed in Section 1 of the report, the College does not have a committee dedicated to the assessment of overseas-trained specialists. The Board of Censors undertakes this function.

The College categorises applications of overseas-trained specialists as:

- Comparable – eligible to be awarded fellowship;
- Partially comparable – eligible to sit the College's Part 2 exam; and
- Not comparable – further training required.

This accords with the categories used in Guidelines developed by the Joint Standing Committee on Overseas Trained Specialists.

Since 2008, the College has received one application from an overseas specialist sports physician for assessment. The College has therefore had limited experience with the assessment of overseas-trained specialists and there appears to be some uncertainty about the procedures. The College informed the Team that it would continue to consider applications on a case-by-case basis.

The Team concluded the College does not have a clear policy for the assessment of overseas-trained specialists that is separate from the College's policy, *Other Paths to Fellowship in Sport and Exercise Medicine*. The policy is primarily designed for 'grand-parenting' Australian and New Zealand non-specialist sport and exercise medicine physicians. Despite there being no comparable training programs worldwide and few applicants, the College should develop this policy.

The Team recommends the College revise the *Manual for Candidates* to contain a clear statement on the policy for overseas-trained specialists. Applicants should familiarise themselves with the College's training curriculum and then provide a properly documented application to the AMC or Medical Council of New Zealand (MCNZ).

As the standard setting body for the specialty of sport and exercise medicine, the College needs to have a clear policy concerning the requirements for overseas-trained practitioners to seek assessment of their comparability. The College should facilitate easy access to clear documentation regarding the assessment of overseas-trained specialists. This documentation should address the requirements and the reasons they are imposed; the assessment steps; the meaning of key terms in the Australian context; the assessment standards and criteria; the possible outcomes of assessment; and information about how to access the appeals process.

The Team encourages the College to draw on the expertise of the AMC and the other specialist medical colleges to assist in the development of the requirements for the assessment of overseas-training specialists.

Recommendation 36 from 2008 is replaced by recommendation 10 in this report.

2011 Recommendations to satisfy accreditation standards

8 Approve a policy on assessment of overseas-trained specialists that is separate from the College's policy on other paths to fellowship. (Standard 5.4)

9 Document the College's requirements for the assessment of overseas-trained specialists and make this information publicly available. (Standard 5.4)

6 Monitoring and evaluation

The accreditation standards are as follows:

- The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.
- The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

6.1 Processes for evaluation and review of the training program in 2008

The College has a number of processes for evaluation and review of the training program. The routine processes are as follows:

- The College Manual is reviewed over a two to three year cycle, and is currently in its 9th edition (dated June 2007). The College Manual documents the training program in some detail. In general, the requirements of training for any particular registrar are considered to be those specified in the College Manual current at the time of their entry to the program.
- The Board of Censors has a regular cycle of review of all aspects of the Part 1 and Part 2 examinations. This cycle is clearly documented and the outcomes recorded.
- The Training Committee reviews the syllabus for the weekly tutorial sessions on a regular basis. This was last done in 2006.
- Registered training practices are reviewed every two years.
- The registrars' elected representative attends meetings of the Training Committee and of Council, and provides a report on behalf of the registrar body.
- Every six months, registrars complete a progress report which includes a report on their experiences in their training practices.
- At the conclusion of the Part 2 examination, candidates complete a feedback form for consideration by the Board of Censors.

The College also undertakes occasional evaluation and review projects that focus on specific areas. The most significant of these at present is that being undertaken by the Curriculum Review Committee, chaired by a fellow with a postgraduate degree in medical education. The current focus of this project is '*to assess and to revise the written syllabus component of the training curriculum'*. The process commenced in 2005 with a survey of College fellows.

Findings of that survey have been used to inform a rigorous Delphi process in which the content of the training program is being revised. A report by the Curriculum Review Committee to the Training Committee dated October 2008 details a list of topic areas for learning and teaching. The Team understands that in the future the curriculum review process will develop learning objectives based on these topic areas and will address the questions of how these should be taught and how registrars' learning should be assessed.

A second project that will inform the curriculum is the cultural awareness project being undertaken by the Cultural Competency Committee. This project is in a very early stage.

The Team was advised that the College anticipates a further requirement for curriculum review arising out of the AMC Accreditation Report. This will be the responsibility of the Training Assessment and Review Committee, chaired by the Chair of the Training Committee. The College acknowledged that there could be issues of overlap between the work of this committee and that of the Curriculum Review Committee, and that this committee structure might need revision.

Much of the work of curriculum review and development is undertaken internally, by working groups and committees filled entirely by College fellows, some of whom have additional training in medical education. In addition, the College contracts an external medical education consultant to provide advice as needed. This consultant is a member of the Training Assessment and Review Committee.

6.1.1 Contribution of supervisors, trainees, and others in these processes in 2008

Many supervisors are involved in the training program governance structure and therefore have informal opportunity to influence development of the curriculum. However, several supervisors who are not so involved reported to the Team that the only occasion their views on the curriculum had been sought was in 2005 at the time of the survey by the Curriculum Review Committee. A small number of supervisors have been involved subsequently in the Delphi groups.

The elected registrar representative attends meetings of Council and of the Training Committee. At these meetings they are able to provide and discuss a report from the registrar body. The Team was advised that the registrars keep in close and regular communication by email, and also meet face-to-face at the annual scientific and registrar conferences. The issues reported to Council and the Training Committee by the registrar representative arose out of these conversations, and may also be canvassed in response to a request by the College.

The registrars have opportunities for input into curriculum development through the six-monthly report on their training practice experiences and feedback at the end of the Part 2 examination. These opportunities often occur during conversation with their State Training Coordinator, mentor or informally with fellows.

The Team was advised that the College has no formal process for registrars to evaluate the academic modules or weekly tutorials, although the providers of these learning experiences are at liberty to seek registrar feedback.

The College currently has no formal processes for input into evaluation and review of its training program by consumers, other health professionals or interested bodies such as the institutes of sport. The Team was advised that the College anticipates seeking consumer and

other health professional members for the Training Assessment and Review Committee, and is also exploring ways to involve consumers through patient surveys.

2008 Commendations

V The regular cycles of review of the College Manual, of the Part 1 & Part 2 examinations, and of other aspects of the training program.

W Initiation of a wide-ranging review of the curriculum, commencing with the work of the Curriculum Review Committee in revising the written syllabus component.

X The College's consideration of the involvement of consumers and other health professionals in its evaluation and review process.

2008 Recommendations

37 Develop processes for obtaining feedback data from registrars on a routine and anonymous basis in relation to all aspects of the training program; these processes could usefully be extended to seek feedback from recently graduated fellows.

38 Develop processes for regularly obtaining comment on the curriculum from consumers, supervisors and non-medical health professionals.

39 Increase the involvement of registrars, consumers and other stakeholders, including non-medical health professionals, in the ongoing development, implementation and evaluation of its curriculum.

40 Seek advice from consumer groups on ways of including systematic consumer input into patient surveys, curriculum development, and the monitoring and evaluation of training.

6.1.2 Monitoring in 2011

In 2011, the College conducted three anonymous online surveys for:

- registrars, to obtain feedback on the current training program;
- Clinical Training Supervisors, to gauge feedback on their training role and the new 'train the trainer' program; and
- newly graduated fellows, asking them to self-assess their preparedness for specialist practice.

The registrar survey was distributed in July 2011 and the College indicated 29 of 34 (85%) registrars responded. The results are yet to be analysed by the Training Committee. The College plans to expand its surveys and seek feedback from registrars and supervisors annually. It also plans to solicit feedback concerning the training program from allied health professionals, practice staff and patients on a regular basis. The AMC will wish for progress reports on these plans.

Since 2008, the major evaluation and review activity has been the comprehensive review of the curriculum. Registrars, supervisors and fellows have reviewed the revised curriculum. Fellows of other specialist colleges have also reviewed it. Allied health practitioners and non-medical personnel are in the process of also evaluating the curriculum. The College indicated

that it would gather formal feedback on the curriculum and assessment methods from registrars and supervisors at the end of 2012. The College also intends to seek feedback on the curriculum every three years from medical practitioners, allied health professionals and consumers.

Other College review activities have included:

- website redevelopment;
- research project requirements;
- interstate year requirement;
- expansion of the Registrar Progress Report to include a confidentially open text style Training Practice Report;
- team and event reporting forms;
- trainee selection process;
- Part 2 MCQ bank content;
- committee structure and Terms of Reference;
- succession planning policy development which is now part of the executive Position Descriptions and committee Terms of Reference;
- cultural diversity policy;
- bullying and harassment policy; and
- Code of Ethics.

6.1.3 2011 Team findings

The College usually obtains registrars' input into curriculum development and other training related components such as the Part 1 and Part 2 examination process via feedback questionnaires.

The Team noted that the College has a defined program of learning for academic modules and weekly tutorials. However, the learning experiences gained in the weekly tutorial regimen for remote registrars and those in other regions is not standardised. Centrally developed resources would ensure the content of these academic learning materials is standardised and accessible to all registrars in Australia and New Zealand. As detailed in Section 4, the College could better support the self-directed approach of the registrars in remote regions.

The lengthy website redevelopment process continues to affect the delivery of standardised training materials. Despite the College indicating that the website redevelopment is an urgent priority, it has been progressing slowly. The implementation has been delayed and is currently scheduled for early 2012. The College should provide an implementation timeline and a progress report concerning the website project in its next report to the AMC. This is further detailed in Section 8 of this report.

The Team noted improvements in the College's engagement with the wider community and acknowledges this can be a challenge. The College has taken account of the recommendation in the AMC 2008 accreditation report and improved the engagement of consumers, health professionals and other interested bodies in the evaluation of its training program. These

changes are noted in registrar selection with the addition of a psychologist on the registrar selection panel, and the inclusion of input from a physiotherapist and consumer in curriculum development. These developments are commended.

In engaging consumers, the Team encourages the College to consider the position of sporting teams as consumers of health care services provided by College registrars and fellows. College fellows have excellent links to teams, which would support this development.

The Team considers recommendation 37, 38, 39 and 40 from 2008 have been met. Recommendation 40 from 2008 is progressing satisfactorily. The College is encouraged to consider the value of engaging with consumer groups such as sporting teams.

6.2 Outputs and outcomes of training in 2008

The College maintains records on the outputs of its training program. During the decade to 2007 inclusive, an average of six registrars (range two to ten) per year entered the program. Allowing for interrupted and part-time training, approximately 50 per cent of registrars complete their training in the minimum number of years. Of the 50 per cent who do not, the majority were delayed as a result of failure to finalise non-summative course requirements such as acceptance for publication of their research project or satisfactory completion of all academic modules.

In the five years to 2007, approximate 75 per cent of registrars sitting the Part 2 examination for the first time, passed. All did so on their first, second or third attempt.

Pass rates in summative assessments are monitored by the Board of Censors. If a particular examination component appears to have an unusually high failure rate, the examination is reviewed in detail by the Board. At times, the Board has decided to exclude a particular question from the result on the basis of its poor performance in the examination. The Board reports that it has not noted abnormally high failure rates in any component of the examination process in the past five years.

Over the last ten years, three registrars have formally withdrawn from the program, all citing personal reasons. None cited significant dissatisfaction with the training program as the cause for leaving.

No formal qualitative information is collected on the outcomes of training, although on one occasion, recent graduates were surveyed regarding specific issues. The College has acknowledged that further information in this area would be useful. No formal process exists for obtaining the views of consumers or other stakeholders on the outcomes of training.

6.2.1 Outcome evaluation in 2011

The College will survey newly graduated fellows annually. The 2011 survey collected information in the following areas:

- hours of work;
- practice location;
- practice type;
- percentage of time spent in various pursuits;
- skills the training program provided;

- maintenance of scholarly pursuits;
- health advocate services;
- collaboration with relevant stakeholders; and
- contribution to the College.

The College will use this information to determine if changes need to be made to policies or processes. Data collection is in its early stages and the College should update the AMC by providing a summary of findings in its next progress report to the AMC.

The College could improve the public reporting of graduate outcomes by publication in the annual report, or similar publication, of information on numeric outcomes. This could include numbers of graduates completing each phase of the examination process, median times to complete training and information of the entry characteristics of registrars, such as number of years of postgraduate study prior to acceptance on program, gender distribution and number of international medical specialist applications and their outcomes.

2011 Commendation

I The College's involvement of a wide range of stakeholders, including other health professionals and the registrar group in curriculum development.

2011 Areas for improvement

HH In engaging consumers, consider the value of engaging with consumer groups of specific relevance to the College such as sporting teams. (Standard 6.1)

II Continue to obtain feedback data from registrars, Clinical Training Supervisors and newly graduated fellows on a routine and anonymous basis in relation to all aspects of the training program and report on the findings. (Standard 6.1 and 6.2)

JJ Publicly report on graduate numbers in the College's annual report or similar publication. (Standard 6.4)

7 Issues relating to trainees

7.1 Admission policy and selection

The accreditation standards relating to selection into the training program are as follows:

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
  - are based on the published criteria and the principles of the education provider concerned;
  - are evaluated with respect to validity, reliability and feasibility;
  - are transparent, rigorous and fair;
  - are capable of standing up to external scrutiny;
  - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. 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.

The Brennan Principles on Selection

In 1998 the Medical Training Review Panel commissioned Dr P. Brennan to review the selection processes of the colleges and develop the best practice framework for trainee selection.[4] In its revised accreditation standard (2008), the AMC has summarised the key requirements in the following standards.

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
  - are based on the published criteria and the principles of the training organisation concerned
  - are evaluated with respect to validity, reliability and feasibility
  - are transparent, rigorous and fair
  - are capable of standing up to external scrutiny
  - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.

[4] 1998 *Report to Medical Training Review Panel 'Selection into Specialist Training Programs'*

- The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The training organisation publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- The training organisation monitors the consistent application of selection policies across training sites and/or regions.

The College has devoted considerable effort in an attempt to meet the Brennan principles. The selection process for registrars wishing to enter the training program in sport and exercise medicine comes close to satisfying these principles but would be improved by adding to the selection panel representatives from the wider medical and non-medical community. A formal review of the process could also be undertaken with input from consumers, existing registrars, and cognate medical and non-medical health professions. The current mechanism of feedback for candidates who are unsuccessful in their application attempt is excellent.

7.1.1 Number of trainees entering sport and exercise medicine training in 2008

In 2009, the projected number of registrars entering sport and exercise medicine training is anticipated to be in the range of five to twelve. The numbers in 2007 and 2008 were seven and one respectively.

The Team noted that the College currently has excess capacity in terms of training practices, but that its accreditation status may have been a deterrent in attracting registrars onto the sport and exercise medicine training program. In the event that the training program is accredited, the number of applications may rise substantially. The Team discussed this issue with the College on a number of occasions. The *de facto* limiting factor for successful applicants in commencing their training will be the availability of registered training practices. Registrars have to apply to these practices for employment and cannot commence training without such employment. Applications for employment will become more competitive if the number of registrars increases. Potentially there could be more registrars eligible to commence training than training places available.

A substantial increase in applications would also put stress on other resources involved in selection, curriculum delivery and assessment, including the College secretariat, Clinical Training Supervisors, Clinical Training Instructors and others. The College needs to anticipate and plan for such an eventuality.

2008 Commendation

Q The College's work on seeking to develop a selection process that is consistent with the Brennan principles.

2008 Recommendations

29 Seeks input from consumers, existing registrars and other health professionals in reviewing its selection process to further address the Brennan principles.

30 Develop a plan for equitably managing a potential sudden increase in the number of

applicants for training in the event that the training program is accredited, and make this plan available to potential applicants.

7.1.2 2011 Team findings

In 2010 six registrars entered the training program and nine entered in 2011. At the time of the College's submission in August 2011, the breakdown of registrars per region was as follows:

New South Wales	10
Victoria	11
Australian Capital Territory	3
Queensland	1
Northern Territory	1
Western Australia	2
New Zealand	5
Interrupted training in UK	1

As of August 2011, the breakdown of registrars per training year is set out below:

Year 1	9
Year 2	6
Year 3	7
Year 4	2
Year 5	2
Year 6	2
Year 7	3
Year 8	1
Year 9	1
Year 10	1

Specialty recognition has not resulted in a significant increase in registrar numbers. The College considers there is still capacity to increase registrar numbers based on the number of accredited practices.

Since the AMC review in 2008, the Training Committee has reviewed its selection process considering the Brennan principles. Detailed information is now provided to applicants. Key changes arising from the review included:

- statement of principles which underpin the selection process;
- clear eligibility criteria;
- selection committee assess CVs and references;
- interview panel made up of members from the Selection Committee conduct the interviews;
- clear selection criteria and weightings of each component of the selection process;
- development of a CV/application form and scoring system; and
- review of the template to be used by referees.

It has sought input on its selection processes through consultation with expert medical educationalists, sports physiotherapists, a clinical psychologist and first year registrars through the registrar representative.

In 2009-10, the College engaged the services of the expert education consultant who, among other things, has reviewed the registrar selection processes. This review resulted in some minor changes to the weightings of CVs and interviews.

Having taken expert advice, the College has changed its style of interview questioning to include behavioural questions. The College considers that candidates' strengths and weaknesses are easily identified through this line of questioning.

The Team considers recommendations 29 and 30 from 2008 have been met.

7.1.3 Process for selection of trainees in 2008

Information on the selection process is made available to applicants who have registered an interest with the College regarding entering the advanced training program. The Training Committee oversees the selection of new candidates. The requirements for selection are well documented in the College Manual and include:

- Completion of three years full-time equivalent general medical and surgical experience since graduation in posts recognised by the Board of Censors. At least two of these three years must have been in teaching hospitals. The Board of Censors is not over-prescriptive in the absolute criteria of exposure in pre-vocational years, but does expect exposure to general medicine, general surgery, and accident and emergency.
- Successful completion of the ACSP Part 1 examination or a combination of a partial Part 1 equivalent plus supplementary examination for candidates who have already successfully undertaken the Part 1 examination of a cognate college.
- Submission of a curriculum vitae, referees reports and other documentation.
- Results of interview.

Applicants for admission to the College currently undergo a structured interview. The interviewers are given clear advice as to their role and responsibilities in the process, including the need for an absence of bias and the need for transparency. Interviews occur at a central location for all applicants applying to the program in Australia and New Zealand.

The interviews are conducted by a panel of fellows. They use a common rating scale to independently and separately score referee reports, the curriculum vitae and the interview performance of each prospective registrar. It may be beneficial for the panel to include members from outside the College, and representatives of the wider community.

7.1.4 2008 Team findings

While the College has documented the requirements for application for training, the selection criteria are not explicitly defined and published as recommended in the Brennan report.

The existing policy on bullying, harassment and discrimination requires further development, as noted in Section 2.2 of the report. The College should ensure that its selection process is consistent with the revised policy.

2008 Recommendations

31 Define, document and publish selection criteria for its training program that are, to the greatest extent possible, objective and quantifiable.

32 Ensure that its selection process is consistent with its revised policy on bullying, harassment and discrimination.

33 Consider the involvement of consumers and others from the wider health care professions in its selection process.

7.1.5 2011 Team findings

The requirements for selection into the training program have not changed since the 2008 review. Successful completion of the ACSP Part 1 examination remains a mandatory requirement. As outlined later in this Section, the College provides assistance and support to candidates undertaking the Part 1 examination. Interviews are conducted at a central location for all applicants applying to the training program in Australia and New Zealand.

Applicants are assessed on three components: Curriculum Vitae, References and the Structured Interview. The Team recommends the College publish the weighting for various elements of the selection process.

The College has begun to use external observers in selection interviews. The College advised that a sports psychologist has observed and provided valuable feedback on the interview process. In 2011, the College invited two physiotherapists to score CVs as the first part of the selection process. These independents are not active participants in the interview process.

The College's mandatory requirements for an interstate training year are published and both fellows and registrars confirmed that College representatives outline this requirement during the interview process. First year registrars are allocated to training positions based on their ranking and their preferences. For subsequent training years, the College does not allocate registars to positions and training practices recruit registrars directly.

The Team considers recommendations 32 and 33 from 2008 have been met. Recommendation 31 from 2008 is replaced by recommendation 11 in this report.

2011 Commendation

J The College's use of external observers to give independent feedback on the selection panel's interview process and for scoring of CVs.

2011 Recommendation to satisfy accreditation standards

10 Publish in a publicly-accessible place the weightings for various elements of the selection process. (Standard 7.1.3)

7.2 Trainees' involvement in College affairs in 2008

The accreditation standard is as follows:

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

Registrars who met with the Team, and those who responded to the AMC survey, were generally very satisfied with the quality of the training program and with the support provided by the College. Registrars praised the College staff for their helpful and professional support and noted that the College has provided registrars with many forums and communication interfaces for registrars to interact. Registrars noted that the training requirements are clearly stated, and the College communicates well and is accessible to trainees.

The College has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training. The registrar body nominates a representative to attend meetings of the Training Committee and the College Council. The role of the registrar representative is to canvass issues/concerns and present them to the relevant committee.

The Team commends the College for its engagement with registrars in its governance processes but noted the absence of direct registrar involvement in meetings of the Board of Censors.

2008 Commendation

R The College's supportive stance towards its trainees.

7.2.1 2011 Team findings

There has been a registrar representative on Council since 1994, the Training Sub-committee since 1994, the Curriculum Review Committee since 2005, Research Sub-committee since its formation in 2009 and Website Redevelopment Committee since its formation in 2011. The registrar representative is elected by the registrar body on an annual basis and is responsible for liaising between the group and the College.

The Team commends the College for the improved registar representation at College meetings. The engagement of the registrar representative at the Council and Training Committee meetings was noted to be consistent with regular communication via email and face-to-face meetings. During meetings with registrars, registrars explained that collectively they use the registrar representative and email to address issues concerning their training experience. Registrars reported that they are well supported by the College.

College fellows reported that they value registrar participation in the College committees and believe it is valuable to the registrars as it helps them to better understand how the College functions.

The College consulted registrars on the curriculum review, the College's five-year strategic plan and the revised policies on bullying and harassment, and cultural diversity.

2011 Commendation

K The involvement of registrars in College governance including the Council, the Training Committee, and Research, Curriculum and Website Sub-committees.

7.3 Communication with registrars

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the training program, 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 Mechanisms to provide support for trainees in 2008

The College supports and encourages mutually supportive interaction between registrars through, for example, provision of the 'Registrar Bar' chat room on the College website. Registrars are encouraged and assisted in identifying a mentor to support and advise them during their training. All the registrars interviewed by the Team spoke highly of the support and encouragement that they received from their supervisors, STCs and other fellows with whom they had contact.

7.3.2 2011 Team findings

College registrars meet face to face at least twice per year at the Registrar Conference and the Annual Scientific Meeting. Attendance at these conferences continues to be mandatory for all registrars.

The College publishes an electronic bulletin on a weekly basis that advises of forthcoming educational meetings, seminars and conferences, employment opportunities, relevant notifications from external agencies (e.g. Medicare), links to recent articles of interest.

Communication with registrars continues to be mainly via e-mail and registrar did not report to the Team any issues concerning lack of information.

Applicants who contact the College seeking information about the training program are encouraged to contact current registrars and Sport and Exercise Medicine Physicians for further information about the program and advice about how to prepare for the Part 1 examination. College fellows have also encouraged interested candidates to spend some time observing at their practice. Registrars valued the College's advice on how to prepare for the Part 1 examination. At the recent Annual Scientific Meeting applicants with an interest in Sport and Exercise Medicine were also able to attend.

7.4 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider has processes to address confidentially problems with training supervision and requirements.
- The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.
- The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

7.4.1 Appeals process in 2008

The College has processes to address in confidence problems that may arise with training and supervision at state and Training Committee levels. The Team commends the College for the clear, impartial pathways for timely resolution of disputes between registrars and supervisors, or between registrars and the College. The College has a published appeals process that allows registrars to seek impartial review of training-related processes or decisions. The Committee of Review has a permanent chairperson who is able to convene a committee that will inquire into matters of concern relating to any of the College's committees or processes – including such matters as unresolved disputes between registrars and the training function. The Chairperson of the Committee of Review is a senior fellow who has been an officer in a number of College committees.

The appeals process is clearly documented in the College Manual. Registrars are entitled to seek reconsideration and review of decisions which affect them adversely, and are given the opportunity to respond to specific and detailed lists of issues. If the results of the review process do not satisfy the registrar there is the option of lodging a formal appeal. The Appeals Committee has a broad power to review a decision of a College officer or committee. The Appeals Committee may confirm the decision, revoke the decision, refer the decision to a relevant board or committee for reconsideration, or replace the decision with its own, as it thinks fit.

2008 Commendation

S The clear and transparent processes by which registrars can appeal against the decisions of College officers and committees.

7.4.2 2011 Team findings

Since 2008, there has been no change in how the College manages disputes and appeals.

The College has clear processes in place for dispute resolution concerning training issues and this process is clearly set out in the Manual for Candidates. The dispute resolution process was used in 2011 when a registrar requested an exemption to the interstate year.

8 Implementing the training program – educational resources

8.1 ACSP supervisors, assessors, trainers and mentors

The accreditation standards are as follows:

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program and the responsibilities of the education provider to these practitioners.
- The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- The education provider routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.
- The education provider has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
- The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

8.1.1 Description of roles in 2008

The key roles with responsibility for the training, assessment and mentoring of registrars are Censor-in-Chief, Chair of Training, State Training Coordinator, Clinical Training Supervisor, Clinical Training Instructor and Mentor. The College defines the roles, as follows:

Censor-In-Chief is responsible for: supervising the overall examination program of the College; contributing to the development of the program of study in association with the Chair of Training; conducting examinations; recommending registrars to Council for admission to the College as fellows; and advising on exemptions in consultation with the Chair of Training.

Chair of Training is responsible for: supervising the overall educational program of the College; developing the program of study in association with the Curriculum Advisory Committee, the State Training Coordinators and the Censor-in-Chief; determining eligibility for admission to College training programs; and advising on exemptions in consultation with the Censor-in-Chief.

State Training Coordinator is the main liaison person for registrars throughout their training. Registrars are required to arrange a meeting with their State Training Coordinator at the end of each six-month term to discuss their progress.

Clinical Training Supervisor is assigned to a registrar for a 12-month training period and supervises their day-to-day sports medicine training. Clinical Training Supervisors must be medical practitioners and fellows of the College and have their practice approved by the College as a registered training practice.

The registrar will be assigned one or more Clinical Training Supervisors at each of the clinical locations that the registrar is attending. For programs which encompass several clinics

simultaneously for a period of time, there will be an equivalent number of Clinical Training Supervisors for that same period.

The Clinical Training Supervisor is responsible for:

- Day-to-day clinical sports medicine training and quality control thereof;
- the conduct of formal case reviews preferably during or at the conclusion of each clinical session;
- providing supervised clinical training;
- providing lecturing support to the weekly registrar tutorials;
- the identification and remediation of knowledge or skill deficiencies (organisation of mini-workshops or reference to appropriate resource personnel or other resources);
- the co-ordination of educational experiences with the Clinical Training Instructors, monitoring the interaction of the registrar and Clinical Training Instructors in clinical meetings, specialist clinics and orthopaedic surgical assisting;
- providing the State Training Coordinator with completed reports twice yearly, in July and December;
- noting any issues effecting registrars training, and if unable to deal with them refer on to State Training Coordinator;
- being fully conversant with the requirements for advanced training as contained in the College Manual and as revised from time to time;
- assisting the registrar to develop the necessary humanistic, professional and organisational skills required to become a competent specialist clinician.

Clinical Training Instructor is a clinician who is not a fellow of the College but who provides training/observation opportunities for registrars during their training for example in orthopaedic surgery, radiology, physiotherapy or podiatry. Medical CTI must be fellows of other Colleges.

Mentor - Registrars are encouraged to identify a mentor within the College with whom they can establish a trusting personal relationship. The College provides guidance to registrars seeking a mentor if they are having difficulty identifying a suitable person, either through the secretariat or through the Training Coordinator. Mentors provide independent advice, advocacy and support on matters arising during the four years of registrars' training. The mentor's role is essentially of a pastoral nature - to discuss problems and concerns etc. The College acknowledges the desirability of each registrar having a mentor who is not currently, nor likely to be in the future, a supervisor, trainer or assessor for the registrar, nor a member of any College committee. However, it also acknowledges that due to the small number of fellows this is not always practical.

8.1.2 Identification and appointment of Clinical Training Supervisors (CTS) in 2008

A fellow of the College may apply to the College for registration of their practice as a registered training practice. When a practice is registered the applicant fellow(s) will be regarded as registered Clinical Training Supervisors.

The Clinical Training Supervisors must:

- be registered as a medical practitioner in Australia or in New Zealand, and this should be unencumbered;
- be a fellow of the College;
- be prepared to undertake supervision and education of registrars according to ACSP requirements;
- have at least three years of post-fellowship sport and exercise medicine experience;
- be located in the same practice as the registrar and be available to the registrar for assistance and advice during, and immediately after, the consulting session and at other times by arrangement.

The Clinical Training Supervisor must complete a training practice registration form and commit themselves to the roles and responsibilities of the position.

8.1.3 Training for supervisors and mentors in 2008

To date, the College has taken the view that all fellows are potential Clinical Training Supervisors and has sought to expose the maximum number of fellows to relevant training. To this end the following initiatives have been introduced:

- All fellows have been issued with a 'Teaching on the Run' handbook published by the Medical Journal of Australia.
- A series of workshops, lectures and seminars have been held at the ACSP annual scientific conferences, including the following:
    - In Auckland in 2004, a workshop for the fellows was presented by a number of fellows including the Censor-in-Chief and the Chairman of Training outlining the competencies required of a specialist clinician, how these might be taught or acquired and how these might be examined formatively and summatively.
    - On the Gold Coast in 2005, Associate Professor Kieran Fallon presented a workshop to the fellows on teaching methods, effective learning techniques and optimising the learning experience for the registrars. Dr Mark Young gave a lecture on 'Teaching of Specialist Competencies to ACSP registrars.
    - In Wellington (NZ) in 2006, the College's President gave a lecture on practicing as a consultant, and invited speakers gave talks on medical ethics with particular reference to sport and exercise medicine practice.
    - In Adelaide in 2007, an invited organisational psychologist, and leadership educator presented a workshop on work/life skills and time management skills. An interactive CanMEDS competencies workshop was held discussing aspects of these competencies and how these might be assessed in practice.

In addition, Clinical Training Supervisors have guidance on completing the six-monthly report.

The College is currently considering a discussion paper on a 'train the trainers' program as a means to developing a formal education syllabus for Clinical Training Supervisor training. It is envisaged that the program will require all fellows directly involved in training to attend a series of seminars and/or workshops to be conducted over a four or five year cycle.

8.1.4 Training for the Clinical Training Instructors in 2008

At this time, the College does not provide training for Clinical Training Instructors, however, these instructors are typically fellows of other colleges and are often involved in teaching within their own colleges, and therefore access training through their own institutions, for example, Australian Orthopaedic Association, Royal Australasian College of Physicians.

8.1.5 2008 Team findings

The College benefits from a highly committed group of fellows who contribute to the training program as supervisors, State Training Coordinators, examiners and mentors. Their number and commitment reflect the high degree of collegiality that was apparent to the Team during its visit.

Clinical Training Supervisors are appointed on the basis of fellowship of the ACSP and their willingness to undertake the supervision and training of registrars according to College requirements. In addition, their practice must be recognised as a registered training practice. Supervisors and their practices provide broad clinical experience in the clinical aspects of sport and exercise medicine.

The Team noted that the College has been considering the introduction of a 'train the trainer' program for supervisors. This will be an important step in further developing the quality of registrar training and supervision. New supervisors should be required to undertake initial orientation and training in their role, and existing supervisors should be expected to undertake ongoing development on at least an annual basis while they continue to supervise College trainees.

Most of the supervisors interviewed by the Team stated that they had little or no input into the ongoing development of the College training program. The Team considers that such input would not only enhance the quality of the program but would enhance supervisors' understanding of, and engagement with, its requirements.

In some cases the STC may also be a registrar's Clinical Training Supervisor. This has the potential to create role conflict, and could lead to difficulties for the registrar concerned. The College should explore options, such as the appointment of deputy STCs, to avoid this problem.

The Clinical Training Instructors play an essential role in registrar training. As the specialty of sport and exercise medicine develops, the balance of clinical practice will alter so that input into the training program from other medical and non-medical health professionals is likely to become even more important. The Team noted that many instructors are able to access trainer development programs within their own colleges, although the extent to which they do so is not clear. In any case, the College should consider ways of offering 'train the trainer' development opportunities for Clinical Training Instructors.

A number of Clinical Training Instructors told the Team that they had little or no knowledge of the aims and intended learning outcomes of the College training program. In addition, their input into curriculum development had never been sought. The College is encouraged to communicate more directly with instructors to inform them of the goals and requirements of the training program in addition to seeking their input.

While the College strongly encourages each registrar to have a mentor, this is not a requirement. There is no process for ensuring that mentors and registrars meet regularly, or for obtaining feedback from registrars about the quality of the relationship. The College should consider ways of supporting the registrar-mentor relationship, including a process to ensure that all registrars have a mentor, training and support for mentors, and opportunities for registrars to change their mentor if the relationship is not satisfactory.

2008 Commendations

M The large proportion of fellows who contribute to delivery of the training program, and the high degree of collegiality that was apparent during the Team's visit.

N The multidisciplinary nature of training, with input into registrar training from both medical and non-medical health professionals, is a major strength of the training program.

O The encouragement for registrars to identify a mentor, and the willingness of many fellows to act in this capacity, are further strengths.

2008 Recommendations

23 Introduce a mandatory 'train the trainer' program for Clinical Training Supervisors and State Training Coordinators, including both initial orientation and training for new supervisors, and regular, ongoing development for existing supervisors and coordinators.

24 Seek input from both supervisors and Clinical Training Instructors in the ongoing development of the training program.

25 Appoint deputy State Training Coordinators in each state and region to avoid potential conflicts of interest and role conflicts.

26 Introduce processes for ensuring that all registrars have a mentor, with whom they communicate regularly, that mentors receive training and support, and that registrars are satisfied with their mentoring relationship.

8.1.6 Training for assessors in 2008

Formative assessment is undertaken primarily by STC during their six-monthly meetings with registrars. There are no explicit criteria for the selection of STC, but all are experienced fellows of the College, and most have been (or still are) Clinical Training Supervisors. The College has no regular program of development for STC to address their specific duties.

The principal summative assessment activity is the Part 2 examination. This is the responsibility of the Board of Censors. Members of this Board are experienced fellows of the College. The Board oversees the clinical component of the Part 2 examination, which is run by the Censor-in-Chief with the support of the College secretariat. There are no explicit criteria for selection of examiners for the Part 2 examination although the fellows recruited to this role are experienced clinicians and members of the College.

Initially, Part 2 examiners are briefed by the Censor-in-Chief and 'sit in' on clinical examinations to observe existing examiners. They then work in a pair with an experienced examiner, with the Censor-in-Chief or delegate observing. The Censor-in-Chief or another

experienced examiner regularly observe pairs of examiners to ensure consistency across examiners.

2008 Commendation

P Steps taken to ensure consistency between examiners in the Part 2 clinical examination.

2008 Recommendations

27 Develop and implement a program of development for State Training Coordinators to support them in their specific role.

28 Develop a documented program for the induction, training and ongoing development of Part 2 clinical examiners.

8.1.7 2011 Team findings

As with all Colleges, the role of the supervisor is critical to the success of the College's training program. The Team was impressed by the obvious engagement and commitment of supervisors in the College's training program.

The responsibilities of the Clinical Training Supervisors and State Training Coordinators are clearly defined. The College chooses supervisors by encouraging specialist practices to participate in the training program rather than having a formal separate process for the selection of supervisors.

The College has recently appointed deputy State Training Coordinators in Victoria and New South Wales. In 2012, a deputy State Training Coordinator will be appointed in New Zealand.

Since 2008, the College has delivered various workshops for supervisors in:

- the revised curriculum;
- CanMEDS competencies;
- teaching a skill;
- dealing with difficult trainees; and
- providing feedback.

The College has given specific attention to the development of the 'train the trainer' module, for Clinical Training Supervisors and State Training Coordinators. According to the program outline, the learning outcomes for this module are to:

- access the curriculum and consider the subject areas relevant to the rotation you are supervising;
- discuss the steps in completing a rotation learning plan;
- assist registrars to draft a learning plan, based on the registrar's learning needs and the opportunities the rotation provides;
- describe the work-based assessments used by the College to assess registrar performance;

- provide a suitable orientation as part of your initial encounter with the students;
- identify the learning style of your students and vary teaching activities to maximise or stimulate student learning;
- assess student readiness through questioning and/or 'two minute observations';
- promote the use of reflection as a learning method;
- describe teaching strategies suitable to use when teaching the clinic;
- develop and observation guide; and
- discuss the benefits of self-directed learning and practical ideas to encourage registrars to learning independently.

The projected timeline for the implementation of the 'train the trainer' module is February 2012. The Team recommends that the College report on the outcome of the implementation of this module. The College has acknowledged that uploading of this module to the new website is a high priority. In view of the importance of the new website as an implementation platform for the College's training and MOPS program, evidence of its functionality is required in the next progress report to the AMC.

The College informed the Team it will use information detailed on the registrar's six monthly reports to assist with the ongoing development of the training program. State Training Coordinators and supervisors meet on an annual basis at the College's Annual Scientific Meeting. The curriculum revision also provided a significant opportunity for supervisor feedback. The College's recent online survey for supervisors will assist in identifying any specific issues in terms of their supervisory role and the training program.

In 2008, the Team recommended the College introduce a process to ensure all registrars have a mentor. In 2009, the College asked the registrar representative to survey registrars on the usefulness of the mentor program. The majority of registrars indicated their support and suggested a preference for identifying their own mentor rather than having one appointed. The College has circulated a document *Mentors in the ACSP*, which outlines the roles, responsibilities and attributes of a mentor. The updated version of the *Manual for Candidates* will also contain relevant information.

Of the 34 registrars on the training program, 25 have a mentor. The Team was pleased to hear the College encourages the appointment of a mentor to its registrars. The College does not mandate training for mentors, as it believes it will not increase effectiveness of the program. The College does not have a process in place to evaluate registrars' satisfaction with their mentoring relationship. The Team considers the College's registrar survey would be an effective evaluation method.

The College supports State Training Coordinators in their role through membership on the Training Committee. The College also suggests the introduction of the 'train the trainer' module will assist State Training Coordinators in having a greater understanding of their role when guiding supervisors and registrars.

The College selects clinical examiners based on seniority, experience and interest in the role. Prospective clinical examiners are invited to attend the Part 2 examination as an observer and attend the examiner's workshop. Examiners will attend a mandatory briefing session the night before the examination. The Team commends the College on the processes in place to

evaluate the effectiveness of assessors and examiners. This has been implemented via the feedback forms obtained from the examinees immediately following Part 1 and Part 2 examinations.

The Team considers recommendations 24, 25 and 26 from 2008 have been met. Recommendation 23 and 27 from 2008 are replaced by recommendation 12 in this report. Recommendation 26 from 2008 is replaced by recommendation 13 in this report.

2011 Commendations

L The College's implementation of a feedback process for examinees to comment on their Part 2 examination experience.

M The College's mentor program, the increasing number of registrars aligned with mentors and the way the College has encouraged this initiative.

2011 Recommendations to satisfy accreditation standards

11 Implement the 'train the trainer' program, for new supervisors and for the ongoing development of existing supervisors and Clinical Training Coordinators. (Standard 8.1.2)

12 Introduce a process for obtaining registrars' feedback on the satisfaction with their mentoring relationship. (Standard 8.1)

8.2 Clinical and other educational resources

The accreditation standards are as follows:

- The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.
- The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.
- The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

8.2.1 Accreditation and registration processes in 2008

The College registers training practices and then the registrar's placement in the registered practice is prospectively accredited. Each candidate's annual training program must be approved prospectively by the State Training Coordinator no later than 31 December of the preceding year.

Responsibility for the registration of training practices lies with the Training Committee. The majority of posts are in private practices, with some in sports institutes. Practices are required to complete a registration application form with questions to be completed in the positive or negative. The application form questions address three main areas:

- day-to-day training and quality control;
- supervised training;
- administrative requirements.

Completed application forms are assessed by the STC who refers only applications that concern him or her to the Chairman of Training for review at a Training Committee meeting. Registration of training practices is for a two-year period and was instituted in 2006. All training practice registration documents are available for viewing on the Registrar Bar section of the ACSP website to assist registrars in choosing a training practice. In 2007-08 there were 24 registered practices in Australia and six in New Zealand.

In 2007, the College introduced a formal feedback form on the training practice to be completed by the registrar and to be reviewed by the STC. This form is intended to provide the College with information on the training practice performance over time to assist with the decision about re-registration.

Registrars may spend a maximum of two years accredited training in any one post. The registrar is required to spend at least one year of supervised training of the four-year program in a different state, or region in the case of New Zealand

8.2.2 2008 Team findings

Currently, consideration of applications for registration of training practices does not involve a site visit. Despite this, due to the small number of practices currently registered, STC expressed the view that they had a good knowledge of the practices even though a formal site visit had not been undertaken. The College indicated that it was intending to implement a site visit as part of the registration process. The Team recommends the introduction of formal site visits.

In some cases, the STC may also be a Clinical Training Supervisor in a practice that is seeking registration or has a trainee. This has the potential to create conflict of role or interest. The Team recommends that all applications for practice registration and all practice feedback forms should be reviewed by the Training Committee and that the relevant STC be invited to declare any conflict of role or interest.

The Team found that registrars spoke amongst themselves and that practices which were not considered to provide good training and supervision may have difficulty in recruiting registrars in the future. Although this informal process appears to work with a relatively small number of registrars compared to training practices, this approach may not be effective if

there is an increasing demand for training places. The Team commends the College for the introduction of a formal feedback process on training practices by the registrars.

There are no explicit accreditation standards. The Registration application form in Appendix 12 of the College Manual is a series of questions that must be answered by the training practice. With a more clearly defined curriculum and learning objectives, the acceptance of a site as a registered training practice will need to be subject to more stringent and explicit criteria.

Registrars may spend time undertaking surgical assisting and are required to undertake team related activities. The registration process asks if the practice will be able to provide sporting/event coverage to the registrar. However, neither the surgical practices nor team related activities undergo any registration process.

The Team found that the Clinical Training Supervisors in registered practices understood the training program requirements which include supervision, research requirements, tutorial program and the registration process.

2008 Commendations

J The introduction of a process for formal feedback by registrars on their experiences in their training practices.

L Strong links with specialists outside the area of sport and exercise medicine.

2008 Recommendations

20 Develop explicit criteria for the registration of training practices and include formal site visits in the registration and re-registration process.

21 Require that all applications for practice registration and all practice feedback forms be reviewed by the Training Committee and that the relevant State Training Coordinator be invited to declare any conflict of role or interest.

8.2.3 2011 Team findings

Following the Team's recommendation in 2008, the College has reviewed its *Training Practice Registration and Accreditation Policy* to include criteria for registration of training practices and mandatory site visits. The processes used by other specialist medical colleges have guided the College.

The College's registration of training practices covers a number of questions in the following categories:

- day to day training and quality control, including identification and remediation of clinical skills and medical knowledge deficiencies;
- provision of supervised training opportunities including level of supervision, number of hours, and in-house tutorials;
- administrative requirements including informing registrars of practice policies and keeping up to date with requirements of the training program.

The College commenced site visits as part of the accreditation of training practices in 2011. Each year the College holds its Annual Scientific Meeting in a venue located in a state, territory or region of Australia or New Zealand. The College will conduct site visits within the state, territory or region where the Annual Scientific Meeting is being held. As the meeting rotates to other states, the College will complete the accreditation process for the training sites in that state. This will occur immediately before or after the Annual Scientific meeting. The College has introduced this initiative to help reduce the financial burden of the site visit program.

The College's accreditation team will review the Practice's Practice Registration Application and Practice Feedback forms. The criteria for the College's accreditation site visits are as follows:

- The visits will be conducted on a rotational basis, each practice undergoing a site visit at least once every seven years.
- The team will consist of at least two fellows of the College. At least one of the fellows should be from interstate or out of region.
- The team will not include any fellow who is currently working at the practice being inspected.
- The visit will be conducted according to the ACSP Training Site Visit Accreditation Visit Guide.
- Each member will complete the ACSP Training Site Accreditation Visit form.
- A formal report will be submitted to the College within two weeks of the visit.

The process will be documented in the *Manual for Candidates* and on the College website. As this site visit process is new, the College will need to provide evidence of progress in the next progress report to the AMC. The Team acknowledges the accreditation process will present challenges to the College, particularly given its resource intensive nature. The plan to link the site visit program to the annual scientific meeting that rotates between states, territories and regions will result in the first round of site visits taking a number of years complete.

The Team considers recommendation 21 from 2008 has been met. Recommendation 20 from 2008 is replaced by recommendation 14.

2011 Recommendation to satisfy accreditation standards

13 Implement the planned program of training site accreditation visits and report on its effectiveness as site visits are completed in each state, territory or region in Australia and New Zealand. (Standard 8.2.1)

8.2.4 Environment for training and teaching in New Zealand in 2008

The New Zealand sports physicians have been incorporated as part of the Australasian College of Sports Physicians since 1992 and a number of ACSP training posts are well established in New Zealand. The New Zealand sports physicians were granted vocational registration, and thus specialist status, in 1999 by the Medical Council of New Zealand.

8.2.5 2008 Team findings

During its assessment the Team met with a small number of registrars, supervisors and Training Coordinators in Auckland and Christchurch.

The Team recognises that each training site has a distinctive character that strengthens the training program. It was apparent that the mix of teaching material does vary from site to site. This variation is not along an urban/rural basis but seems to reflect the history of each teaching practice. The registrars spoke of practices where the proportion of elite athletes was high, others where complex medical problems were more common and others that had a high focus on community involvement.

The Team found that the enthusiasm of the Clinical Training Instructors and the Clinical Training Supervisors make the learning environment very dynamic. The registrars have appropriate input to the teaching, and the consultants involved in teaching seemed to be keen to maintain the highest standards of clinical practice.

There were no particular local issues of note. The Team commends the teaching teams that it met. The Team considered that there was high consistency in the application of College process. This was underpinned by reference to the College Manual, a document that is well used by both teachers and trainees.

There was widespread enthusiasm amongst registrars and teachers for teaching and learning in sports medicine. In Christchurch particularly, a positive aspect for the training practice has been the continuity of registrar employment at practices. Without such continuity, the logistics and indeed financial viability of continued involvement in training becomes problematic. The Team considers that careful attention is needed to ensure ongoing viability of valuable training practices.

The trainees and fellows in New Zealand reported that they had excellent and timely communication with the College secretariat and central administration in Sydney despite the geographical separation.

8.2.6 Clinical experience, infrastructure and educational support in 2008

The registrars train under varying levels of direct supervision in training posts. Supervision is defined to mean that the supervisor is within contact in the same building and is available to provide clinical assistance when required. Weekly tutorial sessions are regarded as supervised training and contribute four hours per week towards supervised training commitments. Three of the years have a supervised training component and the fourth year is unsupervised.

As noted earlier, the requirements for supervised training are as follows:

- First year of supervised training: 32 hours minimum including 24 hours supervision by ACSP fellows.
- Second year of supervised training: 24 hours minimum including 18 hours of supervision by ACSP fellows.
- Third year of supervised training: 16 hours minimum including 12 hours of supervision by ACSP fellows.

- Clinical Training Instructors are selected in order to allow registrars to work in, or, observe clinical posts not associated with the Clinical Training Supervisor for example orthopaedic surgery, radiology, physiotherapy and podiatry.

Registrars are required to provide a brief written description of their team involvement with a sporting team, detailing the team, the competition, role, supervision, other practitioner presence, training and game attendances plus other involvements such as screenings and drug testings. This report is submitted to the STC at the six-monthly interview. Also to be submitted at the six-monthly interview is a letter by the team manager confirming involvement.

The College has developed a template training agreement. While the College has no involvement in the arrangements between the registrar and the training practice, it recommends that the registrars and their supervisors either formally discuss the issues outlined in the training agreement or enter into a written agreement.

8.2.7 2008 Team findings

Training in Australia is largely undertaken in the private sector with some positions in sports institutes. Trainees are required to obtain professional indemnity insurance. The College is currently seeking advice about indemnity for clinical supervisors and their practices. The Team was advised of concerns about supervisors' vicarious liability for registrars' actions, and recommends that this issue is clarified. While information on issues such as indemnity requirements is not included in the College Manual, this information is available on the Registrar Bar on the website.

Trainees generally undertake a 12-month placement. Some trainees have part-time appointments at a number of practices to achieve a full time load. All trainees had team involvement. The Team found that there are differences between Australia and New Zealand as described below.

In New Zealand, the Accident Compensation Corporation (ACC) contracts the sports medicine practice. The registrars do not have their own list of patients. Instead, they first see and review the patient and then present the patient to the Sports Medicine Physician. The registrar receives a proportion of the ACC payment. Registrars do not receive payment for surgical assisting in New Zealand, therefore there is very little surgical assisting undertaken in New Zealand.

In Australia, patients agree to see the registrar, who is paid either on a sessional basis or as a set percentage of income. The Team was told that it can take some time to build up a list and that this is one argument against short rotations of three to six months in training practices. Surgical assisting is undertaken by most trainees in Australia, usually at least one session per week, and it was acknowledged that this supplements registrars' income in Australia. While the value of seeing surgical procedures performed is acknowledged, some trainees and supervisors queried the need to see multiple repetitions of the same procedure. The development of clearer learning outcomes in relation to surgical assisting will assist in clarifying the role and educational value of this activity.

There was variation in the type of supervision provided to trainees, ranging from the practice in New Zealand where registrars present each case to the Sports Physician, to the situation in

many Australian training practices in which registrars seek assistance from the Sports Physician when, and if, required.

All the Clinical Training Instructors met by the Team were committed and enthusiastic and provided their time *pro bono*. The contribution of presenters and educators from other professions and disciplines has been an ongoing strength of the program; however, the College needs to ensure their continued commitment and availability during a period of growing demand for clinical education for all health professions. The College could consider providing more formal recognition of Clinical Training Instructors along with benefits such as a certificate for display in the practice, access to online journals via the ACSP website and discounted registration for ACSP conferences.

2008 Recommendation

22 Clarify the issue of indemnity for potential liabilities arising for clinical supervisors and their practices consequent upon their role in training registrars.

8.2.8 2011 Team findings

Training in Australia continues to be largely undertaken in the private sector with some positions in sports institutes. In 2008, the AMC asked the College to clarify the indemnity requirements for clinical training supervisors and their practices. The College has since obtained legal and insurance advice and is in the process of adjusting its cover to protect against potential liabilities. It will also review the policy for volunteers acting on behalf of the College.

As was the case in 2008, registrars in Australia are supervised by a physician in their primary practice. The Team heard that various Medicare reimbursement issues affect the registrar's patient-load and income. A registrar will attend a practice for a 12-month period for both business and learning purposes. It was reported by registrars that building up a patient profile that is financially profitable takes approximately a one-year period. Such Medicare related issues do not affect the New Zealand registrars who are reimbursed directly by the Accident Compensation Corporation.

Registrars indicated that surgical assisting continues to be a main source of income. The supervisors continue to encourage this surgical relationship, noting the benefits of working directly with an orthopaedic surgeon as both academic and well paid. However, surgical assisting is not a required component of training.

Registrars in New Zealand report greater contact with their supervisor due to the technical requirements of the ACC in reimbursing the doctors. The registrar's discussion that ensues from this direct supervision proves to be a valuable source of training. In Australia such direct supervision occurs most intensively in year one of training.

During its assessment, the Team met a large number of registrars, supervisors and state training coordinators at the Annual Scientific Meeting. The Team observed the enthusiasm of the supervisors, fellows and registrars was a clear strength in communication and driving a College of this size.

The Team considers recommendation 22 from 2008 has been met.

9 Continuing professional development

9.1 The ACSP Maintenance of Professional Standards Program (MOPS)

The accreditation standards concerning continuing professional development are as follows:

- The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as medical boards.
- The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

9.1.1 History of program in 2008

When the College commenced its training program, it also instituted a continuing medical education requirement for fellows. Participation in this program has been compulsory since its commencement. In 2003, the continuing medical education requirement was replaced with a Maintenance of Professional Standards (MOPS) program with a structure based on the MOPS program of the Royal Australasian College of Physicians. The first five-year cycle of the MOPS program was completed at the end of 2007.

9.1.2 Description of ACSP MOPS Program in 2008

The College MOPS program is overseen by the Active Fellows Censor who reports to Council via the Dean of Education (a position on Council). All fellows and senior registrars in Year 4 of the training program are required to participate in the MOPS program.

The MOPS program comprises three mandatory components:

- Continuing Medical Education. Points are earned for attending courses, seminars, conferences and workshops. Approved internet-based learning is also included in this category (0.5 to 2 points per hour, depending on the activity).
- Teaching and Research. Points are earned through teaching (1 point per hour), presentations at conferences, seminars, workshops or grand rounds (2 to 5 points per presentation), and/or publication of research (5 to 25 points per publication).

- Quality Assurance. Points can be earned for a broad range of activities *"designed to ensure [participating fellows/senior registrars] are providing an appropriate service and regularly reviewing that service and its provision"* (2 points per hour).

In addition there is an optional component:

- Practice Quality Review. This is based on a half-day visit to the practice by another fellow of the College (200 points).

A total of 500 MOPS points must be obtained during a five-year cycle from the following categories:

- Continuing Medical Education – a minimum of 100 points, no maximum;
- Teaching and Research – a minimum of 100 points, no maximum;
- Quality Assurance – a minimum of 100 points, no maximum;
- Practice Quality Review – 200 points/once per cycle (optional).

A minimum of 50 points must be accumulated each year. The program applies to all fellows and senior registrars. The program runs on a calendar year basis. Where special circumstances such as incapacity apply, application for suspension or part-time status may be made. Requirements for the five-year cycle will be pro rated accordingly. New fellows and senior registrars commence in the calendar year immediately following their change in status. In some cases a specific activity could fall under more than one category. For example, a literature review might be part of a continuing medical education learning project or a research publication. Points cannot be allocated in more than one category for the same body of work.

Fellows and senior registrars self-report their MOPS activities via a page on the College website. They are required to keep adequate documentation to confirm their activity. There is a random yearly audit of five percent of the membership. Once selected for audit, fellows/senior registrars are required to send copies of their supporting documentation to the Active Fellows Censor for evaluation and approval.

Fellows who do not comply with the MOPS requirements are counselled that they must catch up within 12 months. If this does not occur, then the College has the option of removing the fellow's name from the list of active fellows supplied to the Health Insurance Commission/Medicare Australia for vocational registration as a sports physician.

Although it is not compulsory to attend, fellows are able to earn appropriate MOPS points from attendance and/or presentations at conferences and other events organised by the College. These include:

- the Annual Scientific Conference;
- the College's annual Clinical Sports Medicine teaching conference, open to medical practitioners and other health professionals;
- local state-based seminars and conferences, often organised in conjunction with other organisations such as the Australian Sports Anti-Doping Agency or medical defence organisations.

9.1.3 Evaluation of the MOPS Program in 2008

The MOPS program was reviewed towards the end of the last quinquennium and a number of changes made to clarify its requirements. These included web-based reporting by fellows of their MOPS activities, and expansion of the activities that earn quality assurance points. The modifications were based on review of records of MOPS activities submitted by fellows, informal feedback from fellows, input from the Active Fellows Censor and review of the continuing professional development requirements of other colleges. The College considered questions of whether the MOPS program should remain compulsory, the minimum annual and quinquennial points requirements, documentation requirements, and the applicability of the program across a wide range of work environments.

9.1.4 2008 Team findings

In its submission, the College noted the need for fellows to achieve proficiency in the seven domains of CanMEDS competencies and reported that the MOPS program had been developed with these competencies as foremost objectives. The link between the CanMEDS competencies and MOPS professional development activities is not, however, explicit.

At the end of the last quinquennium, the activities that earn quality assurance points were expanded to include involvement relating to health and safety within sporting organisations. It was explained to the Team that such involvement was for some fellows an important aspect of their practice and was consistent with the definition of quality assurance activities as those '*designed to ensure [participating fellows/senior registrars] are providing an appropriate service and regularly reviewing that service and its provision'*. However, it was not clear to the Team how such involvement in policy development and implementation would necessarily entail the fellow's own professional development. The Team noted that a fellow could obtain his/her required quality assurance points without undertaking any process involving collection of data about their practice, evaluation of that data, reflection on the findings, implementation of changes in light of the evaluation, and/or monitoring of the effects of those changes. Where fellows seek to claim quality assurance points in respect of involvement with a sporting organisation, they should be required to supply evidence of their personal engagement in processes to ensure quality assurance of clinical care, along with a reflective statement documenting their own learning as a consequence of such engagement.

The Team noted that evaluation of the 2003-2007 MOPS program was a somewhat informal process, and included no input from consumers or survey of participants. Fellows' reporting of their MOPS activities includes no requirement to document what they have learned from their participation. Management of the program is the responsibility of a single officer of the College, who reports directly to Council and does not have the support of a committee focusing specifically on educational issues.

9.2 Retraining and Remediation in 2008

Processes for retraining fellows whose performance has been found to be unsatisfactory. The College reports having had only preliminary discussions at Council level regarding the identification and re-training of underperforming fellows.

The College has identified a number of possible mechanisms for identification of underperforming fellows:

- Poor or non-compliance with the College MOPS requirements;

- Poor or non-attendance at the College annual scientific meetings over the MOPS cycle;
- Notification by Medical Boards and Health Complaints bodies;
- Identification of significant issues during a Practice Quality Review as part of the MOPS cycle;
- Identification (via government data collection) of inappropriately high rates of referral for high tech imaging or pathology; and
- Referral of a fellow by another fellow with concerns regarding performance.

The College has noted that each of these mechanisms has strengths and weaknesses, and that some are more practical than others. Some mechanisms may be subject to legislative and/or confidentiality requirements and further consultation with the appropriate authority would be required to clarify this.

The College has also noted that some fellows might require retraining on the basis simply of not having been involved in clinical practice for a significant period of time. In all likelihood, such fellows would self identify and seek re-training themselves.

9.2.1 2008 Team findings

To date, the College has not considered, in depth, how to provide and/or monitor retraining, but noted in its submission the necessity of specific, case by case needs assessment, followed by development of an appropriate remediation or retraining program. The Team considers that in many cases an appropriate summative assessment would also be required.

2008 Commendations

Y The commitment to maintenance of its fellows' ongoing professional development and the College's desire to reflect current best practice in its MOPS program.

Z The recognition of the need to develop a process for re-training fellows whose performance is not satisfactory.

2008 Recommendations

41 Allocate oversight of its MOPS program to the Board of Censors or other committee, involve consumers and other stakeholders in its oversight, and develop an explicit framework for the evaluation of the program.

42 Review the requirements of the MOPS program to map the program objectives and requirements explicitly to the CanMEDS competencies; to include an explicit focus on quality and safety; and to ensure that fellows document what they have learned from all points-earning activities.

43 Develop and document a process for the educational needs assessment, re-training and summative assessment of fellows whose performance has been found to be unsatisfactory (for example, by a medical board), of fellows who have failed to meet the College's MOPS requirements, and of fellows seeking retraining following a period of absence from practice.

9.3 2011 Team findings

The College now has in place a continuing professional development policy and an active continuing medical education program. Following the recommendations from 2008, the College has recently assembled a MOPS Sub-committee, with membership from current and former active fellow Censors and the Dean of Education. The MOPS Sub-committee reports directly to the Board of Censors.

According to the College's submission, the key objectives for the MOPS Sub-committee in 2012 are:

- review the objectives and requirements of the current program;
- fulfil and ensure consistency of the specific requirements of the Medical Board of Australia and the Medical Council of New Zealand;
- ensure that a summary of points activity accrued within the program is accessible from the new website;
- develop a testing environment where the existing and new website can be trialled in second half of 2012;
- ensure a complete transition of the existing program to the new website in the next year cycle on 1 January 2013;
- using the features available in the website to access summary information of progress and reporting functions; and
- ensure accessibility and efficiency for the data entry and auditing of point accruing activities.

In its accreditation submission, the College indicated it was reviewing its web-based MOPS functions as part of the new website development project. It anticipates changes to the MOPS program to reflect the training program curriculum including the CanMEDS principles, the four sections of the revised curriculum, including Sport and Exercise Medicine Foundations and Fundamental Competencies. The MOPS program will be tested during 2012 and formally introduced when the new website is up and running, which will also coincide with the new five-year MOPS cycle commencing in January 2013.

The College indicated specific areas of professional communication, practice quality audits, education of students and the broader medical community would be rewarded. A reflective and evaluation component will also be added.

There are 114 active fellows in Australia. Of these:

- 86 fellows are participating in the College's online MOPS program;
- 17 fellows are participating in continuing professional development programs external to the College;
- 11 fellows are either not reporting on the College's MOPS program, no longer in practice, failing to participate or have chosen not to participate.

There are 22 active fellows in New Zealand who are all participating in the MOPS program.

Satisfactory participation in the program continues to be a requirement of fellowship and is monitored. The College contacts fellows who have not satisfied the standard and encourages

them to update details of activities. The Team noted that the College is yet to implement an audit process for participants in its continuing professional development program. The policy and its practice will be consistent with the Medical Board of Australia requirements once the College begins the auditing process. The Team recommends the College implement the auditing process to fulfil Medical Board of Australia requirements.

Non-fellows can participate in continuing medical education activities but not the monitoring and audit scheme. The existing monitoring system, however, does not actively identify fellows participating in other continuing professional development programs. The Team considered that monitoring would be more comprehensive if the College developed a process to identify fellows participating in other continuing professional development programs.

The College has developed a policy and process to facilitate retraining for fellows seeking to re-enter practice. There have been no requests to utilise this policy since it was established. The guidelines for this policy are as follows:

- after an absence of less than three years, is automatic and immediate but requires that MOPS be brought up to date for the period of absence;
- after an absence of greater than three years, but less than seven years, requires up to three months of supervised practice at the Board's discretion, as well as annual MOPS compliance of 150 points;
- after an absence of greater than seven years requires, completion of the Part 2 clinical exam;
- if the fellow can demonstrate MOPS compliance for the period of absence, the return to active fellowship is automatic;
- the applicant may opt to meet the requirements for resuming active fellowship by completing the Part 2 clinical exam.

The College has a draft remediation policy for under-performing fellows, but College council is yet to endorse it. Discussions with the Team on the subject of remediation were positive but the College will need to submit the Council- endorsed policy to the AMC.

The College process follows the steps detailed below.

- An interview will be conducted by a member of the MOPS Sub-committee to determine specific concerns;
- A report will be made to the Board of Censors to determine possible courses of action;
- The Board will seek assistance the assistance of the Medical Board of Australia and Medical Council of New Zealand in deciding on the requirements.

The Team considers recommendation 41 from 2008 has been met. Recommendation 42 from 2008 is replaced by recommendation 15 in this report. Recommendation 43 from 2008 is replaced by recommendation 16 is this report.

2011 Recommendations to satisfy accreditation standards

14 Implement a process to audit CPD activity reported by fellows to meet the Medical Board of Australia's CPD requirements. (Standard 9.1)

15 Review the requirements of the MOPS program; map the program objectives to the revised curriculum and the CanMEDS competencies. (Standard 9.1)

16 Endorse and implement the remediation policy for fellows who have been identified as underperforming. (Standard 9.3)

2011 Areas for improvement

KK Develop a structured process to identify fellows who are participating in other CPD programs. (Standard 9.1.4)

Appendix One Members of the Sports Physicians Assessment Team 2008

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Appendix Two Members of the Sports Physicians Assessment Team 2011

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Ms Jane Porter, (AMC Secretariat)
Manager
Specialist Training and Program Assessment

Appendix Three List of Submissions on the Australasian College of Sports Physicians Education and Training Programs 2008 and 2011

2008

Australian Institute of Sport

Australian Medical Association Council of Doctors-in-Training

Australian National University

Australian Orthopaedic Association

Department of Health, Government of Western Australia

Department of Human Services, Victoria

Medical Board of South Australia

Monash University

Orthopaedic Surgeon

Queensland Health

SA Health

Sports Dieticians Australia

The Royal Australasian College of Physicians

The Royal Australian and New Zealand College of Ophthalmologists

The Royal College of Pathologists of Australasia

University of Otago

2011

ACT Health

Australasian College for Emergency Medicine

Australian Institute of Sport

Australian Medical Association

Consumers Health Forum of Australia

Department of Health and Ageing

Department of Veterans' Affairs

Government of Western Australia, Department of Health

Royal Australasian College of Surgeons

The Royal Australian and New Zealand College of Ophthalmologists

The Royal Australian College of Physicians

The Royal New Zealand College of General Practitioners

University of Melbourne

Appendix Four Summary of the Assessment Team's Program of Meetings 2008

Auckland, New Zealand

Monday 3 November 2008

Team Members: Dr Peter Moller and Dr Linda MacPherson

Location	*Meeting*
Adidas Sports Medicine	Registrars
	Regional (State) Training Coordinator, Practice Manager
	Clinical Training Supervisors, Clinical Training Instructor

Australian Capital Territory

Wednesday 5 November 2008

Team Members: Ms Tricia Greenaway, Dr Linda MacPherson and Mr James Overall (AMC Secretariat)

Location	*Meeting*
Australian Institute of Sport (combined AIS and Sports Physicians ACT)	State Training Coordinator
	Registrars
	Practice Managers
	Clinical Training Supervisors
	Allied health practitioners in physiotherapy and radiology

Western Australia

Wednesday 5 November 2008

Team Members: Professor Joan McMeeken and Associate Professor Bronwyn Peirce

Location	*Meeting*
Sportsmed Subiaco (combined meeting with Excel Sports Medicine)	Clinical Training Supervisors
	State Training Coordinator
	Clinical Training Instructor
	Registrar

Victoria

Wednesday 5 November 2008

Team Members: Professor Michael Cullen and Professor Tim Usherwood

Location	*Meeting*
Victorian Institute of Sport (combined Olympic Park Sports Medicine Centre, Alphington Sports Medicine Clinic and Sports Medicine Professionals)	Clinical Training Supervisors
	State Training Coordinator
	Registrars
	Registrar Representatives
	Allied health professionals – Physiotherapy, administration Centre Management
	Clinical Training Instructors
	Active Fellows Censor, Dean of Education

Christchurch, New Zealand

Friday 7 November 2008

Team Members: Dr Peter Moller and Dr Steven Lillis (MCNZ Representative)

Location	*Meeting*
Sports Med / Active Health	Clinical Training Instructor Radiology unit
	Practice Manager
	Registrar
	Clinical Training Instructor
	Clinical Training Supervisors

New South Wales

Monday 10 November 2008

Sub-team A: Professor Tim Usherwood, Dr Yasmin Khan and Mr James Overall (AMC Secretariat)

Location	*Meeting*
Sydney Sports Medicine Centre /NSW Institute of Sport	Registrars
	NSWIS principal scientist
	Clinical Training Supervisors
	State Training Coordinators

Sub team B: Dr Linda MacPherson, Professor Joan McMeeken and Professor Michael Cullen

Location	*Meeting*
North Sydney Sports Medicine	Managing Partner
	Clinical Training Instructors
	Clinical Training Supervisors
	Registrars' perspective from graduates of NSSM

Sub team C: Ms Tricia Greenway, Dr Peter Moller and Ms Simone Bartrop

Location	*Meeting*
Narrabeen Sports Medicine Centre	Clinical Training Supervisors
	Registrar
	Clinical Training Instructors

Meetings with the ACSP Committees and Staff 2008

Date	*Meeting*
Tuesday 11 November 2008	Council
	Overseas-Trained Doctors
	Cultural Competency
	Curriculum Review
	Committee of Review
	Secretariat
Wednesday 12 November 2008	Training and Assessment Review
	Training Committee
	Registrar Representative
	Board of Censors
Thursday 13 November 2008	Presentation of the Preliminary Statement of Findings

Appendix Five Summary of the Assessment Team's Program of Meetings 2011

Annual Scientific Meetings - Coolum QLD

Sunday 13 November 2011

Team Members: Professor Andrew Wilson, Professor Kate Leslie and Ms Jane Porter

Location	*Meeting*
Mt Coolum 1, Convention Centre	Curriculum update

Monday 14 November 2011

Team Members: Professor Andrew Wilson, Dr Yasmin Khan, Professor Kate Leslie, Dr Linda MacPherson, Ms Jane Porter

Location	*Meeting*
Yandina Room, Convention centre	Registrars
	Clinical Training Supervisors

Meetings with the ACSP Committees and Staff 2011

Date	*Meeting*
Wednesday 23 November 2011	Council/Executive Committee – College Governance
Thursday 24 November 2011	Training Committee with representation from Curriculum Review Committee and Research Sub-committee
	Training Committee with representation from Curriculum Review Committee
	Training Committee
	Board of Censors
	Board of Censors with representation from MOPS Sub-Committee
Friday 25 November 2011	Presentation of the Preliminary Statement of Findings