



Australasian College of Sports Physicians

2013 Annual Report to the Australian Medical Council

1 July 2013

Australasian College of Sports Physicians
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Progress reports by accredited specialist medical Colleges - 2013
AUSTRALASIAN COLLEGE OF SPORTS PHYSICIANS

College Details

College Name: **Australasian College of Sports Physicians**

Address: Level 9, 440 Collins Street, Melbourne, VIC 3000

Date of last AMC assessment: 2011

Periodic reports since last AMC assessment: 2012

Reaccreditation due: 2014 (by comprehensive report)

This report due: 1 July 2013

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Note: if this is the first time you have completed an AMC progress report, please call the AMC Accreditation Section for additional guidance. Tel: 02 6270 9760

Standard 1: Context in which the education and training program is delivered

Areas covered by this standard: structure and governance of the College; program management; educational expertise; interaction with the health sector; continuous renewal

Summary of College performance against Standard 1 in 2011

These standards were MET

1 Accreditation recommendations

Nil

Quality improvement recommendations from the AMC Accreditation Report

Recommendation 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
Recruitment of additional staff is underway and is expected to be confirmed. Improved documentation provided with the report will also help reduce risk. This recommendation is progressing, with an update requested in the 2013 report.				

ACSP Response

The College recruited two additional staff members between August and October 2012 to support the former Executive Officer in the day to day operations towards mitigating the risk of the unique corporate knowledge resting solely with the Executive Officer. In November 2012, the Executive Officer resigned from her position at the College. Leading up to this point, the Council prepared for this risk by ensuring that an education consultant, Ms Jodie Atkin, remained engaged with the College and across governance and management issues. Between the period November 2012 and March 2013, when a new CEO was appointed, Ms Atkin played a key role in supporting the activities of the College. Ms Atkin continues in a support role during the probationary period of the new CEO, to effect the appropriate transition of the intellectual property of the College.

The two former Hobart office appointed staff members have left the College's employ. The College has relocated to Melbourne and the CEO has appointed an executive assistant. A further full-time staff member will also be employed in the near future.

The CEO has key performance indicators, which relate directly to risk mitigation strategies including the requirement to document operational elements of the role. There is a growing list being compiled by the CEO on such procedures and some higher risk procedures have been completed, for example, the Part I and Part II examinations office procedures – attached as Appendix A and B.

Recommendation BB				
Develop and implement a formal risk management process to assist the College in identifying, assessing, preventing and managing risks. (Standard 1.2)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
Audit and risk sub-committee is now active. Improved documentation of process will also assist in risk management. Before this recommendation can be closed, please provide the risk management matrix, the conclusions reached, and the action plan.				

ACSP Response

The Audit and Risk Committee continues to meet regularly. The Audit and Risk Committee is chaired by the Hon Secretary and currently has membership of the Hon Treasurer, the President and the CEO

The College has recently undertaken an organisational restructure, which has identified key committees and sub-committees. Under this restructure further membership of the Audit and Risk Committee will be considered. On this matter, Council has recently discussed the attributes required for a community representative (to be appointed) and considers that a person with strong financial skills will contribute greatly to the College's risk mitigation strategies.

Council and the Audit and Risk Committee, recognise that the ACSP is exposed to certain risks due to the nature of its activities and the environment in which it operates. The Committee has now improved its documentation for identifying, mitigating potential risks and acting on issues as they arise. This is an iterative process and a standing item on the Audit and Risk Committee's agenda.

It is acknowledged that further work around the College's internal controls is required and the development or revision of policies and procedures have been noted within the Risk Management Matrix (Appendix C) and have been or will be, identified to the relevant Committee for action.

2 Summary of significant developments introduced or planned

ACSP Response

There are no significant developments or planned change that may affect the accreditation status of the program, however recommendations from the Restructure Working Party, will significantly enhance the profile of the key education, training and assessment committees.

The Training Committee previously had a significant portfolio and these responsibilities have now been more appropriately structured to mitigate the risk of many activities being the responsibility of one committee. This governance structure includes Education, Accreditation of Training Posts and Continuing Professional Development as stand-alone committees. Council has now ratified (22nd June 2013) this draft restructure (Appendix D) and this will be reviewed again once the strategic plan is finalised. The respective terms of reference will be updated accordingly.

The governance structure will be ratified at the AGM in November 2013, together with an updated Constitution. This will follow on from consultation with ACSP members, but Council feels

confident that the membership will endorse this new governance structure as it assures and supports the foreseeable strategic direction of the College.

3 Statistics and annual updates

Please provide an update on:

- *the College's interactions with the jurisdictions with examples of types of interactions, e.g. workshops, meetings, consultations.*

ACSP Response

Traditionally, the College does not have a relationship with state departments of health. However through the recent formal contract with the Department of Health and Ageing whereby the Department has appointed the ACSP to administer, manage and distribute funding for the conduct of Specialist Training Program (STP) training posts, the relationship is strengthening. In the recent application round for STP funding, at least two of the applicants consulted with their local hospital network and were provided with strong letters of support.

The College via the Training Committee is represented on the Medical Training Review Panel and the Department of Health and Ageing's now disbanded, Enhanced Medical Education Advisory Committee.

The College continues to generate a list of its key jurisdictional stakeholders. A list of these government, non-government, community and sporting body stakeholders is attached as Appendix E. The most recent purpose of these interactions has also been noted in this table.

The College's relationships with the increasing number of government agencies and other key stakeholders, such as the national and state governments medical Councils and Boards, continue to develop. These relationships are fundamental to influencing policy development and debate. An example of this is via the Committee of Presidents of Medical Colleges, the Australian Chief Medical Officer has engaged in dialogue with the College requesting the ACSP's position statement on Pre-Participation Cardiac Evaluation in Young Athletes and extending an invitation to be a part of a workshop on 31st July 2013.

Standard 2: The outcomes of the training program

Areas covered by this standard: purpose of the training organisation and graduate outcomes

Summary of College performance against Standard 2 in 2011

These standards were MET

1 Accreditation recommendations

Nil

Quality Improvement Recommendations from the AMC Accreditation Report

Recommendation 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), trainees and other stakeholders in this process. (Standard 2.1)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
Appropriate action is under way, with further reporting requested in 2013.				

ACSP Response

The College intends to address this quality improvement recommendation in full in the next accreditation report due in 2014.

Due to the internal disruption in the College from the period October 2012 to March 2013, including the election of new Council members into office, focus was diverted from progress with refining the mission statement and strategic plan of the College. Since the Council meeting in February, the Hon Treasurer has taken the lead to continue to re-develop strategic and operational plans. The following steps have been taken to date:

- Council Meetings
 - February 2013: Council meeting discussion on progress of Strategic Plan. It was agreed that the Hon Treasurer would provide a proposal to Council on the development of a Strategic Plan. Incidentally at this meeting, Council accepted the resignation of the community representative.
 - June 2013: Council considered the draft Strategic Plan proposal as presented by the Hon. Treasurer. The following key outcomes were agreed:
 1. A Strategic Plan working party is established. This working party would comprise wide representation of the Fellowship considering gender, age, full and part-time status, state and New Zealand membership, registrar representation

2. Draft Strategic Plans would go through a consultative phase with the membership, internal committees, working parties and external stakeholders such as key sporting and other nominated organisations
3. The draft Strategic Plan would be presented to the membership at the Annual Scientific Conference for its adoption

Other activities to support refining the Strategic Plan are:

- identification of key committees/working parties to support and guide the work of the Strategic Plan Working Party:
 - Executive
 - Audit and Risk Committee
 - Communications Committee
 - Constitution Review Working Party
- identification of key stakeholders in the consultation phase:
 - The CEO with the executive of Council, have taken early steps to identify key stakeholders in the wider community to include in the consultative process. The CEO in March, met with NZ Fellows in most of the centres who identified key sporting bodies and government agencies to her for future engagement. This work is being continued in the states/territories of Australia and an extensive list is being developed (refer to Appendix E).
 - Council agreed at the 22nd June 2013 meeting, that a new community representative be approached to be appointed to the Board. The Hon. Treasurer has identified a number of appropriate people and will seek their availability by the end of July 2013.

2 Summary of significant developments introduced or planned

ACSP Response

There are no significant developments or planned changes that may affect the accreditation status of the program.

Standard 3: Curriculum

Areas covered by this: curriculum framework; curriculum structure, composition and duration; research in the training program; flexible training; the continuum of learning

Summary of College performance against Standard 3 in 2011

These standards were MET

1 Accreditation recommendations

Conditions to be satisfied in the 2013 progress report

Recommendation 2				
Develop a plan for on-going development and review of the curriculum and assessment processes. (Standard 3.2)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
The AMC notes that the College has expanded the role of the Curriculum Development Committee to include continuous curriculum review, and has identified three review activities around curriculum evaluation, the annual scientific conference, and regular monitoring. The basis of a plan for ongoing development and review is in place. The College is asked to report on the implementation of these activities in the 2013 report.				

ACSP Response

The Curriculum Development Committee started the implementation of curriculum activity reviews in November 2012, with the following outcomes:

1. In November 2012, members of the Curriculum Development Committee met to review, identify and further develop the curriculum. While the curriculum has been completed, additional teaching and learning resources were identified. The College took the opportunity to apply for STP support project funding to assist with these developments.

The College has been successful in their application with the following to be developed over the next 3 years, to support the delivery of the curriculum:

- Online Learning:
 - 4 x Clinical Training Supervisor Modules
 - 4 x Academic Modules
 - 9 x Internal Medicine On-Line Resources
 - Videos of 6 to 8 lectures per year – uploaded to website
- Up-skilling of Fellows in Supervision, medical education and assessment:
 - Engaging Professional Educations at Annual Scientific Conferences and annual Trainee Conferences (teaching on-the-run seminars/train-the-trainer courses)

- Research Development:
 - Funding to support employment of Chief Research Officer (ACSP Fellow) part-time and Research Officer, part-time
 - Development of a Management of Sporting Trauma Course.
 - This course will provide the SEM trainee with a safe and standardised approach to the management of medical emergencies that might arise in the provision of medical care to sporting teams, a core component of SEM training.
2. In February 2013, at the Trainee Conference, semi-structured interviews were conducted with trainees, by education consultant, Ms Jodie Atkin. Ms Atkin also talked with each STC individually to gain their perspective on the strengths and weaknesses of the training program.

Methodology

Ms Atkin provided a list of interview times and the Trainee Conference organiser scheduled trainees into 15-minute timeslots. Trainees were not identified by name so feedback was provided anonymously. Twenty trainees were interviewed individually across the two days. All trainees interviewed had been within the training program for at least 12 months.

During the discussion with each trainee, questions were asked regarding the curriculum, various training program requirements, the learning portfolio and the six monthly review process.

Key recommendations have been endorsed by the Training Committee. The attached table at Appendix F summarises these and outlines the planned actions over the coming year and their expected completion date.

3. At the February 2013 meeting of the Training Committee, an element of curriculum review was undertaken by the State Training Co-ordinators concerning the workplace based assessments, progress reports and reporting timeframes for trainees. Initial feedback was also provided to the Training Committee by the education consultant, following her semi-structured interviews with the trainees on those topics.

In summary, the following significant changes were approved, trainees advised, and the 2013 Training Manual endorsed:

- Six Monthly Progress Review forms to be submitted by Feb 1 / Aug 1.
- Six Monthly Progress Review meetings do not need to be conducted face to face. It is recommended that one meeting per twelve month period be face to face.
- Learning Portfolio. The terminology was changed to be more generic. The Learning Portfolio may be kept as hardcopy or electronic file.
- Information was also included on how to organise an electronic Learning Portfolio. Feedback from Trainees expressed the need to have more information regarding how to keep the learning portfolio. The revised entry in the 2013 Training Manual version has been supported by the ACSP providing a USB storage device containing a template for the electronic Learning Portfolio for each new (and existing) trainee.

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- Workplace Based Assessments (WBA). Three required per 6 month period. Information was provided to Trainees with regard to the selection of different assessors and that multiple assessments in the one week would not be accepted.
- WBA - Mini-CEX. A new option to video a consultation and review it with assessor at a later time. This was based on feedback from trainees and STCs regarding the logistics of completing mini-CEXs on new patients with medical issues (as opposed to injury issues).

Recommendation 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 trainees seeking exemption from the interstate year. (Standard 3.2)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC	X			
AMC commentary				
<p>The College has provided a rationale for this requirement, with reference to the broad CanMEDs domains. However, this document needs to be reframed as specific learning objectives for the interstate year, which can be clearly understood by trainees and which captures specifically the knowledge, skills and attitudes trainees should be able to demonstrate following these experiences. This continues to be an area of risk for future challenges.</p> <p>This condition was to be met in the 2012 progress report. The AMC acknowledges the supplementary information provided by the College in September, but proper learning objectives are still lacking for the interstate year. The AMC has noted that the College intends to review the interstate year in 2013, and will report fully against this condition in the 2013 progress report.</p>				

ACSP Response

The College has completed its review of the Interstate Training Year and at the 22nd June 2013 Council meeting, the following recommendation from the Training Committee was ratified.

“From the start of the 2014 academic year, the Interstate Training Year (ISTY) is no longer a compulsory component of the ACSP training program”.

The following table indicates the review process leading to this decision:

TABLE A: ISTD Meeting - Review Process

Date	Meeting
November 2012	ACSP Training Committee meeting – Coolumb, QLD
February 2013	ACSP Training Committee meeting - Sydney, NSW
March 2013	ACSP Training Committee meeting –Teleconference
March 2013	ACSP ISTD Working Party – Canberra
April / May 2013	Document review/approval by Training Committee April / May 2013
June 2013	Document review by Board of Censors
June 2013	Ratification by Council (with trainee body to be notified July 2013)

The Training Committee considered that all states/territories of Australia and New Zealand could be deemed capable of training trainees without the need for interstate, interisland or international transfer. The transfer of trainees would still be encouraged, but not mandatory.

2 Summary of significant developments introduced or planned

ACSP Response

There are no significant developments or planned changes that will affect the accreditation status of the program; however the College wishes to report two areas of planned change:

1. Training Post duration

Currently, trainees may spend a maximum of two years in one training post irrespective of whether it is a full time or part time post. The Training Committee is currently considering policy via a working party, to consider that in the first 3 years of training all trainees must complete supervised training in a minimum of two accredited training posts and with a minimum of two supervising fellows. The maximum training time that will be accredited for a single accredited training post, with a single supervisor would be two years.

The Training Committee acknowledges that some states currently have only one accredited training post – South Australia, Tasmania and Northern Territory. The Training Committee would encourage additional training posts to be developed in these states and work with current accredited practices to improve the breadth of experience provided by training posts.

The working party will also make recommendations on any trainee who wishes to train exclusively in those states. The recommendation will consider ensuring adequate training for all trainees and will be used as the overall principle and guide in determining any location specific training program.

2. Research Requirement Enhancement

The College would like to identify an opportunity that will bring change for trainees in the way they undertake and meet the research component of the training program and will better address present difficulties that trainees face.

Trainee involvement in conducting and publication of research is considered a core element of SEM training since it fosters CanMEDs principles beyond the simple acquisition of knowledge. These attributes include Scholar, Medical Expert, Collaborator, Health Advocate and Communicator.

During the course of the training program ACSP trainees are required to:

- Demonstrate a competent application of the principles of research methodology and statistical analysis
- Learn the skills required to assess the relative merits of medical information, based on the principles of Evidence Based Medicine (EBM), and
- Develop an understanding of the process of research, including ethics committees, funding, publication reviews, etc.

However, trainees have identified the research requirement to be a significant hurdle during the training program. Particular difficulties include the following:

- Access to research mentors
- Development of research proposals
- Ethics submissions

The College has been successful in its application for funding from the Department of Health and Ageing to fund a Research Development project. The scope of this project is to provide for the next 3 years:

- Chief Research Officer (ACSP Fellow, Associate Professor Kieran Fallon)
This part-time position will:
 - Provide assistance to trainees with research projects
 - Facilitate small groups of trainees to collaborate on larger projects to gain useful clinical information and further educate the trainees and Fellows
- Research Officer (Science graduate):
The role of this part-time position will include:
 - Curriculum resources – obtaining papers for resource list and reviewing and updating that list for relevance
 - Trainees research support
 - Trainee advice re: ethics applications, developing ideas, obtaining difficulty to access papers
 - Working with the Chief Research Officer, Associate Professor Kieran Fallon to guide trainees research collaborations

Standard 4: Teaching and learning methods

Summary of College performance against Standard 4 in 2011

These standards were MET

1 Accreditation recommendations

Conditions to be satisfied in the 2013 progress report

Recommendation 4				
Introduce the Professional Learning Portfolio to document trainees' individual learning plans and to inform reflective discussion with supervisors and State Training Coordinators. (Standard 4.1.3)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
Adequate documentation is provided of learning portfolios which are likely to be further refined with use. The AMC notes that the learning portfolio has been introduced as a pilot, and requests an update on this pilot and further implementation of the portfolio in the 2013 report.				

ACSP Response

The Professional Learning Portfolio (Learning Portfolio) was piloted during the 2012 academic year. It was discussed at open forums attended by trainees and members of the Training Committee that were held during the Annual Scientific Conference in November 2012, and the Trainee Conference in February 2013. The use of the Learning Portfolio was widely supported by both the trainee body, and the Training Committee.

Semi-structured interviews were held with trainees at their 2013 Conference, part of which focused on the Learning Portfolio pilot. The Training Committee received a report from the education consultant Ms Jodie Atkin, to include recommendations. Ms Atkin reported that two main questions were asked:

Were the trainees using the Learning Portfolio? If not, what are the main reasons for not using the portfolio? If yes, what has been helpful about the portfolio?

Ms Atkin reported that while trainees seemed to agree that the concept of a Learning Portfolio was a good one, few trainees seemed to be actually maintaining their personal portfolio.

The reasons cited for not maintaining the portfolio was some confusion about how to go about it, what needed to be included in the portfolio, and how it would be useful to them. Trainees had received a hard copy of the portfolio at the previous Trainee Conference with little instruction of its use. It was evident at that time, that the six monthly progress review meetings

were not an adequate mechanism for reviewing the portfolio or keeping Trainees accountable for monitoring their own progress through the program.

Some trainees mentioned the paper-based version was not conducive to maintaining the portfolio, especially if their meetings with their STC were conducted via teleconference. They also questioned why the portfolio was not electronic.

From the start of the 2013 academic year, the Learning Portfolio has become a mandatory document that is to be retained by all trainees. It has been agreed that the Portfolio should be able to be presented in either hard or electronic copy. Trainees are required to make the Portfolio available to State Training Coordinators at each six monthly review. This is to form the basis for reflective discussion of the trainee's progress, to enable decisions to be made regarding Learning Plan modifications that may be required in order to strengthen that individual's training experience. The STCs have received training in using the Portfolio to guide discussion with the trainees and this will also be highlighted to them at the Train the Trainer workshop in November 2013.

Trainees in June 2013 received training in the use and set up of the Learning Portfolio and have each been provided with a USB storage device containing a template for the electronic Learning Portfolio; guidelines for use and set up; the Curriculum and the 2013 SEM Training Manual. A copy of the power point presentation for trainees is attached as a PDF document in 'Appendix PDF Registrars Presentation June 2013'.

A copy of the Learning Portfolio is attached as a ZIP File 'Appendix - Zip File ACSP Registrars Learning Portfolio' .

Recommendation 6				
Ensure educational support is available to assist trainees to meet the requirement for completion of an Early Management of Severe Trauma (EMST)/adapted trauma course. (Standard 4.1.2)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary				
No evaluable response, so this is marked as not progressing. AMC looks forward to the College's response in the 2013 report.				

ACSP Response

The Training Committee organised a Management of Sporting Trauma (MOST) course in February 2013. The syllabus for the course was developed by the Training Committee in consultation with Professor Hugh Grantham, Professor of Paramedics at Flinders University. Professor Grantham is highly experienced in the delivery of such courses and was recommended to the College by a number of organisations, including the AFL Medical Officers Association. The syllabus was aligned with the College's curriculum, and was therefore

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specifically suited to its learning objectives and requirements. As such, the course was more appropriate to ACSP trainees than an Early Management of Surgical Trauma (EMST) course. A copy of the syllabus is attached as Appendix G.

The MOST course was delivered over 1.5 days and followed on directly from the 2013 Trainee Conference. The course was facilitated by Professor Grantham and assisted by Mr. Keith Driscoll, Executive Director, Patient Services, South Australian Ambulance Service and Dr Carl Bryant (accredited EMST course tutor). Two members of the Training Committee attended as observers. Twenty ACSP trainees participated in the course. This included all incoming first year trainees who had not completed an EMST course prior to being accepted onto the training program. As a result the current ACSP trainees (across all years) have satisfied the requirement for completion of an EMST/adapted trauma course.

The Training Committee intends to run a MOST course biannually so that future trainees are able to complete it during the first half of the training program. The ACSP has recently met with Professor Grantham to discuss the development of a manual and accompanying resource for future courses. It is expected that development and publishing will be completed by the end of January 2014. The ACSP intends to fund this work using Specialist Training Program funding that was secured in the 2013 funding round.

*By the 2014 progress report:

Recommendation 5				
Develop processes to facilitate greater sharing of tutorial resource materials across states and regions. (Standard 4.1.2)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary				
No evaluable response, so this is marked as not progressing. AMC looks forward to the College's response in the 2013 report.				

ACSP Response

With the aim of standardising teaching resources within the training program, The College is committed to developing a suite of tutorials that focus on clinical examination skills and internal medicine as it relates to Sport and Exercise Medicine. A significant number these materials are being developed and funded by the STP support projects over the next three years.

The scope of the first project is to develop a series of online learning tools demonstrating various joint examinations. The tools will contain a video to demonstrate the recommended clinical examination skills, and relevant reading material designed to reinforce learning. The following videos are planned for filming in September 2013.

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- Video 1: Examination of the Knee (acute and overuse)
Video 2: Examination of Foot and Ankle
Video 3: Examination of Shoulder

The scope of the second project is to record nine lectures with power point presentations from eminent specialists in the relevant area of internal medicine. These podcasts will then be edited to include case histories, interactive components, recommended reading, links to positions papers and seminal papers, and further information via text.

They will cover;

- Cardiology
- Respiratory
- Rheumatology
- Endocrinology
- Renal
- Haematology, Immunology, tired athlete, Infection
- Dermatology
- ENT Dental
- Exercise Medicine
- Gastrointestinal

The first podcast (Cardiology) is scheduled for recording in October 2013, with the remaining over 2014 and 2015.

The College's new website remains the forum and main access to the tutorial resource materials.

Following several significant delays and clear indicators that the website developer was unable to deliver a product fit for purpose, Council made the decision to terminate the contract. A new website is a priority for the College. Three proposals have been received by the College from potential website developers. The CEO is in current discussions with one of the companies on the finer details, but it is understood that in the first stage of development the website must deliver a CPD recording and monitoring mechanism, trainee content management system and for the website to be able to be used as the platform for online modules (and be compatible with other eLearning software applications). The CEO is negotiating a build time of between three to four months to complete the three mandatory requirements, as Stage 1 of the project.

In the meantime, the College will be creating PDF documents of the relevant extracts from the curriculum, according to the tutorial program guide. They will be made available on the existing website for tutorial program co-ordinators to access easily and forward to presenters.

2 Summary of significant developments introduced or planned

ACSP Response

There are no other developments or planned changes that will affect the accreditation status of the program.

Standard 5: Assessment

Areas covered by this standard: assessment approach; feedback and performance; assessment quality; assessment of specialists trained overseas

Summary of College performance against Standard 5 in 2011

These standards were SUBSTANTIALLY MET

1 Accreditation recommendations

Conditions to be satisfied in the 2013 progress report

Recommendation 7				
Develop a formal process to inform Clinical Training Supervisors of the progress in the program of trainees who are transferring into their location. (Standard 5.2)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary				
No evaluable response at this stage, so this is marked as not progressing. AMC looks forward to the College's response in the 2013 report.				

ACSP Response

The College's formal process to inform Clinical Training Supervisors of transfer of trainees into their location is as follows:

- The trainee will advise National Office of the transfer. The form (Appendix H) will whether this transfer is during the training year or at the beginning of a new academic year so that the Training Committee may be notified to align with their next meeting*.
- National Office will advise the current and new Clinical Training Supervisor as well as relevant State Training Co-ordinators of the transfer
- This transfer is brought to the attention of the Training Committee by National Office*.
- National Office provides the new Clinical Training Supervisor with the appropriate documentation, to include:
 - Last two six monthly progress reports
 - Performance Improvement Plan documentation (if relevant)
- National Office advises the trainee to meet with the Clinical Training Supervisor at their earliest convenience but within a timeframe of 2 months, and to bring to this meeting:
 - their full Professional Learning Portfolio
- The State Training Co-ordinator will make contact with the Clinical Training Supervisor within 3 months of the transfer

Following this process, if there are any outstanding matters, the Clinical Training Supervisor or the State Training Co-ordinator will seek the advice of the Training Committee or National Office.

Quality improvement recommendations from the AMC Accreditation Report

Recommendation 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary				
The report states that this has yet to be considered by the Board of Censors. Please provide an update in the 2013 report.				

ACSP Response

The Board of Censors has considered and agreed to provide feedback to candidates who fail the Part 2 Clinical Examinations, in the following manner:

1. For the long case, the feedback will state which aspects of the assessment were unsatisfactory
2. For the short case, where there is overall assessment, which cases were unsatisfactory and why
3. This feedback will be available to candidates who have failed the Part 2 Clinical Examinations within 2 – 4 weeks of the examination

This policy will take effect from the 2013 Part 2 Clinical Examinations being held in October 2013. This is not considered to be a major change or logistical issue for the Board of Censors as this data is already comprehensively collected and discussed by the Board.

2 Summary of significant developments introduced or planned

ACSP Response

There are no other developments or planned changes that will affect the accreditation status of the program.

3 Statistics and annual updates

Please provide data showing:

- *each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held.*

Table B: ACSP Part 1 and Part 2 Examinations

	Part 1 MCQ sitting	Part 2 MCQ/SAQ sitting	Part 2 Clinical exam
March 2012	11 candidates (4 NZ / 7 Australia) sat 20 papers 85% pass rate		
June 2012		5 candidates (1 NZ / 4 Australian) sat MCQs 80% pass 4 candidates (1 NZ / 3 Australian) sat SAQs 100% pass	
September 2012	8 candidates (Nil NZ / 8 Australian) sat 15 papers 86% pass rate		
October 2012			4 candidates (1 NZ / 3 Australian) 100% pass
March 2013	5 candidates (1 NZ / 4 Australian) sat 9 papers 88% pass rate		
June 2013		7 candidates (1 NZ / 6 Australian) sat MCQs 57% pass 6 candidates (1 NZ/ 5 Australian) sat SAQs 100% pass	

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring and outcome evaluation

Summary of College performance against Standard 6 in 2011

These standards were MET.

1 Accreditation recommendations

Nil

Quality improvement recommendations from the AMC Accreditation Report

Nil

2 Summary of significant developments introduced or planned

ACSP Response

There are no significant developments or planned changes that may affect the accreditation status of the program.

3 Statistics and annual updates

Please provide:

- *A summary of evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and the College's response to them.*

ACSP Response

At the Trainee Conference in February 2013, semi-structured interviews were conducted with trainees by education consultant, Ms Jodie Atkin. This has also been reported under Recommendation 2. This evaluation was designed to obtain feedback from trainees on significant issues in the training program that should be addressed as a priority.

For the purpose of this annual update, the report provided to the Training Committee by Ms Atkin, is attached as Appendix I in its entirety. The College also refers to Appendix F, which is more specific to the area of curriculum and assessment review, and indicates the College's response to recommendations made. The College has regarded all responses by the trainees as issues and has taken immediate steps to remedy or is in the process of planning to address outstanding issues.

A formal supervisor evaluation has not yet been undertaken in this reporting period. A training session for Supervisors took place on the 26th June and a second session will be scheduled in August 2013. Matters arising from these sessions will inform the development of an evaluation with Supervisors. As an example, preliminary feedback from the session on the 26th June included some difficulty in Supervisors determining what is 'satisfactory' for a trainee at any particular level of training. A suggestion provided by Supervisors, was to provide some examples of what would be considered 'satisfactory' for each item on the Mini-CEX for the most

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common injuries, at the level of a Year 1 or 2 trainee. This would also help to ensure consistency across the training program. This type of feedback from an evaluation that questioned and rated the understanding and use of workplace based assessments would provide useful information on up-skilling requirements and further development of workplace based assessments.

The evaluation will also reflect feedback from the trainees on their concern regarding the lack of consistency of supervision at different accredited sites across Australia and New Zealand (refer to Appendix I).

The College will explore the best option to engage with Supervisors to seek their considered feedback on issues that they perceive impede or enhance aspects of supervision. This is currently planned to be at the November 2013 Annual Scientific Conference, where following the Train the Trainer session, small focus groups provide this feedback to the facilitator (Professor Fiona Lake), who is independent of the College.

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in training organisation governance; communication with trainees; resolution of training problems and disputes

Summary of College performance against Standard 7 in 2011

These standards were MET.

1 Accreditation recommendations

Nil

Quality improvement recommendations from the AMC Accreditation Report

Nil

2 Summary of significant developments introduced or planned

ACSP Response

There are no significant developments or planned changes that may affect the accreditation status of the program.

3 Statistics and annual updates

ACSP Response

The following table provides data showing:

- *the number of trainees entering the training program, including basic and advanced training;*
- *the number of trainees who completed training in each program; and*
- *the number of trainees undertaking each College training program.*

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TABLE C: Trainee Data – Training Program

	2013		2012		2011		2010		2009		2008		2007		2006	
	AU	NZ	AU	NZ	AU	NZ	AU	NZ	AU	NZ	AU	NZ	AU	NZ	AU	NZ
No. Trainees undertaking Training Program	31	8	26	4	25	4	22	5	16	5	11	3	9	3	4	1
TOTAL	39		30		29		27		21		14		12		5	
No. Trainees entering Training Program	7	4	1	0	7	2	6	0	5	2	2	0	5	2	3	1
TOTAL	11		1		9		6		7		2		7		4	
No. Trainees completing Training Program	2				4	2										
TOTAL	2		0		6		0		0		0		0		0	
No. Trainees who left the Training Program					1	1										
TOTAL					2											

Standard 8: Implementing the training program: delivery of educational resources

Areas covered by this standard: supervisors, assessors, trainers and mentors and clinical and other educational resources

Summary of College performance against Standard 8 in 2011

These standards were SUBSTANTIALLY MET.

1 Accreditation recommendations

Conditions to be addressed in the 2013 progress report

Recommendation 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
Documentation and implementation are progressing satisfactorily. The College report indicates accreditation visits commenced in August 2011. Training site visits have to-date been conducted in ACT, Victoria, New South Wales and New Zealand. Further visits are planned in Queensland and Tasmania during 2012. When the progress report was submitted, 12% of ACSP training sites had been visited since August 2011. The College stated that it intended to visit -20% of all training sites by the end of the 2012 calendar year.				
The AMC notes from the supplementary information provided in September that the rollout of visits is proceeding as planned. The College has addressed this condition, but is asked to continue reporting on this activity in future progress reports.				

ACSP Response

The table below lists the site visits undertaken since 2011. Two New Zealand training posts are scheduled for visits in November 2013.

TABLE D: Accreditation of Training Posts Activity

TRAINING POST	STATE	DATE of SITE VISIT	ACCREDITED Yes/No	Accredited Period
Olympic Park Sports Medicine	VIC	28/5/2013	Yes	5 Years
Sportsmed - South Australia	SA	26/4/2013	Yes	5 Years
Sportsmed – Subiaco	WA	13/3/2013	Yes	5 Years
South Sydney Sports Medicine	NSW	8/02/2013	Yes	5 Years
Narrabeen Sport Medicine Centre	NSW	8/02/2013	Yes	5 Years
Brisbane Sports Exercise and Medicine Specialists	QLD	24/10/2012	Yes	5 Years
Unisports Auckland	NZ	26/04/2012	Yes	5 Years
Corio Bay Sports Medicine Centre	VIC	9/02/2012	Yes	5 Years
Newtown Medical Centre	Vic	9/02/2012	Yes	5 Years
Sports Physicians ACT	ACT	10/08/2011	Yes	5 Years

To date there have been no concerns with the training posts. For each of the site visits a brief report is completed. The accreditors are generally impressed with the practices which protect the trainee’s teaching time quite vigorously. Supervisors and support staff also enjoy their interactions with the trainees and see them as strengthening their practices.

Recommendation 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary				
No evaluable response at this stage. The AMC looks forward to a report on the implementation in the 2013 report.				

ACSP Response

As reported against Recommendation 5, the College has had considerable challenges getting website developer to deliver a website/content management system that was fit for purpose and this contract has now been terminated. This has left the College in a position of not meeting its anticipated timeframe of being able to provide a Train the Trainer module on the website for new and existing Clinical Training Supervisors.

A strong implementation plan to meet the time requirements to deliver online modules is one of the key selection criteria of a new website developer (being one of the three main requirements of the new website). The College is looking for a three to four month turnaround on this project and the College will keep the AMC informed of this progress.

The College has included in its Annual Scientific Conference program a Train the Trainer workshop for all supervisors and Clinical Training Supervisors. This workshop is being delivered by Professor Fiona Lake of 'Teaching-on-the-Run'. The preliminary conference program is attached (Appendix J).

By the 2014 progress report:

Recommendation 12				
Introduce a process for obtaining trainees' feedback on the satisfaction with their mentoring relationship. (Standard 8.1)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary				
No action appears to have been made on this so far, but the AMC notes that the condition is to be addressed by 2014.				

ACSP Response

The College to date has only received trainee's feedback on their supervisors and not the mentors.

Currently the College has provision for trainees to have a mentoring relationship, but does not formally appoint mentors, only supervisors and State Training Co-ordinators. Both the supervisor and State Training Co-ordinator have a formal role in the assessment and/or employment of the trainee. To allocate a mentor to every trainee would be a challenge for the College due to its limited number of Fellows. When trainees do request a mentor, the College helps to provide one.

However, it has now been identified through the work of the Audit and Risk Committee that a mentor needs to be identified and appointed for senior trainees (4+ years). This has been agreed to and supported by both the Training Committee and Board of Censors as appropriate for this level of training. At the June 2013 meeting of Council, this recommendation was discussed and Council has directed the Training Committee, in consultation with the Board of Censors, to develop a strategy and make recommendations on the mentoring role to Council. The trainee body's view and any recommendations will be sought through this process.

It is very clear to Council and its committees that the role of mentor requires not only a process for appointment to assure capability, but also to provide an up-skilling program for Fellows interested in taking up the role of a mentor. This will be explored and be part of the recommendation to Council.

In future evaluations with trainees and Fellows (who may or may not be mentors), questions will be asked in regard to their respective understanding of mentorship and for those in existing mentor relationships, to rate the success or otherwise of that relationship. The next opportunity will be at the Annual Scientific Conference in November 2013, and thereafter at the annual Registrar Conferences.

Quality improvement recommendations from the AMC Accreditation Report

Nil

2 Summary of significant developments introduced or planned

ACSP Response

Council has ratified a governance organisation restructure to include the Accreditation Committee being a stand-alone committee, reporting directly to Council. The Accreditation Committee is planning to review current policy and guidelines over the next 12 months, to strengthen its processes in the accreditation of training posts. This accreditation review is timely, as the College has recently had success in gaining Specialist Training Program funded training posts. The College has not traditionally had strong interaction with (public) health services and the funded training posts now strengthen this relationship. The accreditation process will consider this enhancement to the breadth of training experience.

3 Statistics and annual updates

Please provide data showing:

- *A summary of accreditation activities including sites visited, sites / posts accredited or not accredited.*

ACSP Response

Under Recommendation 13, Table D presented the Accreditation of Training Posts activity since 2011. All training posts have been successful in their accreditation and no post was deemed at risk of having their accreditation withdrawn. For the training posts that received an accreditation visit in the past year, there was a high level of satisfaction indicated by trainees such as their physical facilities and allocation of time to meet their training requirements. Other feedback mechanisms however have indicated that there is improvement needed in supervisor allocated time with some trainees. As this information was de-identified, it is a challenge to formally identify any particular training post that requires this improvement. However, in the review of the accreditation policy and guidelines mentioned above, this will be more closely addressed in the interview stage with the trainee and with the supervisor.

Standard 9: Continuing professional development

Areas covered by this standard: continuing professional development; retraining and remediation of under-performing fellows

Summary of College performance against Standard 9 in 2011

These standards were SUBSTANTIALLY MET.

1 Accreditation recommendations

Conditions to be addressed in the 2013 progress report

Recommendation 14				
Implement a process to audit CPD activity reported by fellows to meet the Medical Board of Australia's CPD requirements. (Standard 9.1)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
The reported response is appropriate and indicates active implementation. The College has indicated that a full report on the audit process and outcomes will be available in the College's 2013 report to the AMC.				

ACSP Response

The MOPS Committee, in collaboration with the Board of Censors conducted an online audit of all Fellows in 2012. Nine (9) of 119 Australian Fellows and two (2) of 23 New Zealand Fellows were identified as being non-compliant at that stage of the quinquennium and were approached (by registered post in October) to either supply full documentary evidence of Continuing Professional Development (CPD) compliance with another organisation or to complete the required documentation to achieve compliance with the ACSP CPD.

There were no responses received. The MOPS Committee took two further actions:

1. Provided full guidelines on MOPS on the website and advised Fellows of this documentation
2. Escalated this matter of non-compliance to the Board of Censors for their consideration.
3. The New Zealand co-ordinator of CPD continues to follow up with the two Fellows referred to above. One Fellow has proven to be partially compliant.

The Board of Censors wrote to Australian Health Practitioners Registration Authority (AHPRA) seeking their guidance and asking what the obligations of the College were in this matter (Appendix K). AHPRA responded with two suggestions (Appendix – PDF AHPRA response). First, that this matter could be addressed through the College's by-laws whereby any non-compliant Fellow may have the Fellowship revoked; and second, to consult with other Colleges on their management of this issue.

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The College's current by-laws do not have this provision to revoke Fellowship for non-compliance. The Active Fellows Censor subsequently wrote a further letter to non-compliant Fellows advising that should a regulatory body request confirmation of CPD participation, the College would respond that they have been non-compliant.

In February 2013, Council tasked the immediate past president with the review of the Constitution which will include by-laws on Fellows non-compliance of CPD participation. The timeframe is June to September 2013 for the Constitution to be reviewed, drafted and amended with appropriate consultation in this period. It is anticipated that the reviewed Constitution will be brought to the AGM in November 2013 for ratification.

The College has recently restructured its committees. The CPD Committee is now a stand-alone committee and reports directly to Council. This will allow more immediate action to be taken with Fellows who are non-compliant, if necessary.

Recommendation 15				
Review the requirements of the MOPS program; map the program objectives to the revised curriculum and the CanMEDS competencies. (Standard 9.1)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
The progress reported is appropriate for the given timeframe, with a full report due in 2013.				

ACSP Response

The College has undertaken a review of the requirements of the ACSP CPD program. The Maintenance of Professional Standards (MOPS) Program 5 year cycle, was completed at the end of 2012 and a new Continuing Professional Development Program (CPD) 3 year cycle, has been developed which directly embraces both adult educational strategies in the context of a Fellow's clinical practice, and personal development principles. The principal focus remains individually motivated adult education.

The College has had challenges in delivering a new CPD Program in time for the start of the 2013 year, however Fellows are being asked to continue recording their CPD activities as per the previous MOPs cycle and these will be credited on a pro rata basis for 2013.

At the 22nd June 2013 meeting, Council approved for the updated CPD Program Framework (Appendix L) to be progressed by:

- Undertaking a consultation phase during July 2013
- Further development of the mapping of the CPD program objectives to the curriculum
- Preparation of draft CPD Handbook and supporting resources in August-September
- CPD Review Sub-Committee to oversee development of CPD recording mechanism
- Launch at Annual Scientific Conference in November 2013
- Start 1 January 2014

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The draft CPD Program activities have been mapped to the curriculum and the CanMEDS competencies. These are attached as Appendix M.

:

By the 2014 progress report:

Recommendation 16				
Endorse and implement the remediation policy for fellows who have been identified as underperforming. (Standard 9.3)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary				
No reported action at this stage; it is noted that this is not due to be completed until 2014.				

ACSP Response

The College does not assess the performance of its specialist Sports Physicians, however, on request, will provide advice to the relevant national and state/territory authorities in Australia, and in New Zealand. Upon request of an external body, the College will provide a Fellow or Fellows to participate in an assessment process determined by the body. ACSP does not identify poorly performing Fellows and relies on the processes of the Medical Board of Australia and the Medical Council of New Zealand as the relevant registration bodies.

As referred to in Recommendation 14 above, when any Fellow does not meet continuing professional development requirements, that Fellow is contacted by the Active Fellows Censor to discuss any specific difficulties and to agree to a plan to return to compliance. In the event of continued non-compliance, the college would have the necessary information to be able to report in the case of New Zealand Fellows, to the Medical Council of New Zealand. The CPD Review Committee will be reviewing and formulating policy, working closely with the Constitution Review Working Party on this matter, in the coming months.

Quality improvement recommendations from the AMC Accreditation Report

Recommendation KK				
Develop a structured process to identify fellows who are participating in other CPD programs. (Standard 9.1.4)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary				
The reported intention to ask non-complaint fellows to identify if they are compliant with another College's CPD program is noted, but is not evaluable at this stage. The AMC looks forward to further reporting on this recommendation.				

ACSP Response

The structured process to identify Fellows who are participating in other CPD programs is to request this information through the annual subscription process via the website. The new website (due September 2012) was to have had the capability of requesting this information from Fellows, but due to its non-delivery, for the 2013/2014 financial year, this was not achieved. The College is aware of and have identified 5 Fellows who are participating in other CPD programs, however there is no formal mechanism around this or an onus on the Fellow to provide evidence. These requirements will again be included in the new website development.

2 Summary of significant developments introduced or planned

ACSP Response

The College has undertaken a review of the requirements of the ACSP CPD program (refer to Recommendation 15). The Maintenance of Professional Standards (MOPS) Program 5 year cycle, was completed at the end of 2012 and a new Continuing Professional Development Program (CPD) 3 year cycle, has been developed which directly embraces both adult educational strategies in the context of a Fellow's clinical practice, and personal development principles. The principal focus remains individually motivated adult education.

This project continues under the following timeframes

- Undertaking a consultation phase during July 2013
- Further development of the mapping of the CPD program objectives to the curriculum
- Preparation of draft CPD Handbook and supporting resources in August-September
- CPD Review Sub-Committee to oversee development of CPD recording mechanism
- Launch at Annual Scientific Conference in November 2013
- Start 1 January 2014

This CPD Review Sub-Committee will also be reviewing the auditing process in conjunction with the Constitution Review Working Party as they review the by-laws concerning CPD. Early recommendations are:

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- 10% of Fellows audited annually
- Part of CPD record audited (a Category) rather than entire program
- Targeted audit of Fellows at the end of Year 2 of the cycle – Fellows that have completed less than 100 points.
- To ensure that auditing processes meet the Medical Council of New Zealand recertification requirements

3 Statistics and annual updates

Please provide data showing:

- *the number and proportion of College fellows participating in and meeting the requirements of the College’s continuing professional development programs.*

TABLE D: Continuing Professional Development Statistics for End of 2008-2012 Quinquennium

CPD for End of 2008-2012 Quinquennium	Number	Percentage
Total CPD Participants (Australia and NZ)	142	N/A
Total CPD participation (Australia and NZ)	131	92.3% of total CPD participants
Total Australian Participants who met 2008 – 2012 quinquennium requirements	110	92.5% of total CPD participants who met 2008-2012 quinquennium requirements
Total New Zealand Participants who met 2008 – 2012 quinquennium requirements	23	92.5% of total CPD participants who met 2008-2012 quinquennium requirements