CPD Handbook 2020-2022

AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

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ACSEP 2020-2022 Continuing Professional Development (CPD) Handbook
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Message from CPD Chair

Welcome to the ACSEP Continuing Professional Development (CPD) Program

The Medical Board of Australia and the Medical Council of New Zealand require all registered medical practitioners to participate in CPD relevant to their scope of practice. For sports and exercise medicine, the CPD standard is that set by ACSEP. The primary goal is patient safety achieved through medical practitioners maintaining their knowledge and skills that are contemporary and suit the increasingly complex modern medical and sporting environment in which we work, ensuring ongoing delivery of safe, high quality care.

The ACSEP CPD program is designed to help and support Fellows to fulfil the requirements of the standard. The program has just entered its third triennium and it continues to be supported strongly by our Fellows. It is evolving to meet Fellows' needs and is aiming to make CPD both valuable and accessible to our Fellows.

The program is governed by the CPD committee which comprises members from Australia and New Zealand, from a variety of practice settings and at different career stages to ensure the program is feasible and user-friendly.

The online CPD portal, with the ability to log evidential documentation, facilitates auditing either by ACSEP, MCNZ or AHPRA and specific advice for Fellows who are audited by AHPRA and MCNZ is available in the handbook.

If required, the CPD team can be contacted at +61 3 9654 7672 or fellows@acsep.org.au

Dr Stuart Armstrong

Chair, Continuing Professional Development Committee

1. Introduction

The Australasian College of Sport and Exercise Physicians (ACSEP) is the pre-eminent professional body for sport and exercise medicine (SEM) in Australasia. Our vision is to provide world's best training, standards and research in the specialty of SEM. ACSEP supports its doctors in clinical practice in order to improve the health and well-being of individuals and communities through the enabling and promotion of physical activity. Our mission is to uphold and advance world leading training and practice in the specialty of sport and exercise medicine.

The ACSEP delivers a Continuing Professional Development (CPD) Program that enables participants to maintain their career-long learning activities. The CPD Program operates on a three-year (triennial) cycle, with the third triennium commencing on January 1st 2020 and finishing on December 31st 2022. The CPD Program has three categories and is conducted in accordance with the standards for accreditation set by the Australian Health Practitioners Regulatory Agency (AHPRA), Medical Board of Australia (MBA), Australian Medical Council (AMC), and Medical Council of New Zealand (MCNZ) and meets the requirements of these regulatory authorities.

2. Definition and Aims

2.1 Definition of CPD

CPD is defined as the means by which Fellows of the ACSEP maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives (adapted from the MBA CPD registration standard). There is a broad evidence base for the value of a CPD program in achieving these aims and these data are reviewed in a recent interim report by an expert advisory group on revalidation in Australia - see http://www.medicalboard.gov.au/News/Current-Consultations.aspx

2.2 Aim of CPD
The aim of the CPD Program is to:

- Maintain and enhance the performance of each Fellow's knowledge professional skills and knowledge to ensure the highest standards of patient care;
- Ensure all participants engage in a diverse range of activities throughout the certification period;
- Provide a framework that supports lifelong learning for participants, so that Fellows remain fit to practice;
- Comply with legal and regulatory authority requirements for CPD;
- Encourage professional knowledge, satisfaction and wellbeing through the involvement and interaction with other Fellows; and
- Demonstrate to all stakeholders that participants are dedicated to continuing education by providing Fellows of the ACSEP with tangible evidence of participation in and compliance with the CPD Program.

2.3 Core Competencies

The CPD program aims to encompass a number of core competencies (adapted from "Recertification and continuing professional development booklet" MCNZ April 2018):

2.3.1 Medical care and clinical expertise

– providing good clinical care
– keeping records
– prescribing drugs or treatment
– supporting self-care
– treating people in emergencies
– cultural competence

2.3.2 Communication
– doctor-patient relationship
– establishing and maintaining trust
– confidentiality
– giving information to patients about their condition
– involving relatives, carers and partners
– giving information to patients about education and research activities
– advising patients about your personal beliefs
– assessing patients' needs and priorities
– avoiding discrimination
– ending a professional relationship
– advertising
– dealing with adverse outcomes
– working in teams
– overseeing prescribing by other health professionals
– arranging cover
– delegating patient care to colleagues
– referring patients
– sharing information with the patient's general practitioner
– providing your contact details

2.3.3 Collaboration and management
– working with colleagues
– making decisions about access to medical care

2.3.4 Scholarship
– teaching, training, appraising and assessing doctors and students
– research
– maintaining and improving your performance

2.3.5 Professionalism
– raising concerns about patient safety
– writing reports, giving evidence and signing documents
– your health
– integrity in professional practice
– financial and commercial dealings
– hospitality, gifts and inducements
– conflicts of interest

3. Mandatory Participation in CPD

The ACSEP has determined that if a Fellow has not taken leave from being a practicing physician and is registered as practicing with the Medical Council of New Zealand or the Medical Board of Australia, then they are required to fully participate in the ACSEP CPD Program and meet the requirements of the CPD program.

Participation in continuing professional development (CPD) is mandatory for all Australasian Medical Practitioners:

3.1 Medical Council of New Zealand (MCNZ)

The Medical Council of New Zealand (MCNZ) (https://www.mcnz.org.nz/assets/Publications/Booklets/f207f3de3e/Recertification-and-continuing-professional-development.pdf) requires that all vocationally registered medical practitioners satisfy the requirements of their College's CPD program.

3.2 Medical Board of Australia

The Medical Board of Australia (MBA) outlines the requirements for Australian medical practitioners in the Continuing Professional Development Registration Standard: http://www.medicalboard.gov.au/Registration-Standards.aspx; See also: http://www.medicalboard.gov.au/Registration/Obligations-on-Medical-Practitioners.aspx.

3.3 Requirement for participation in the ACSEP CPD Program

3.3.1 Participation in the ACSEP CPD Program is mandatory for all Fellows with the below exceptions:

"Inactive Fellow" (defined by ACSEP as a Fellow who is temporarily not practicing SEM in Australia/New Zealand (parental leave, practicing overseas, taking a sabbatical));
Honorary Fellows; and
Retired Fellows (retired and not practicing at all)
A Fellow working in countries other than Australia and New Zealand must complete the ACSECP CPD program, OR annually submit certification of successful completion of CPD in SEM in the country in which they work, and such CPD needs to be of a comparable standard to the ACSEP CPD program.

3.3.2 A Fellow who holds a Fellowship in another College as well as the FACSEP/ FACSP, and who is practicing SEM, must participate in the ACSEP CPD Program regardless of any other CPD Program they choose to participate in.

3.3.3 A Fellow who is unable to practice for three or more months in a calendar year due to illness can apply for pro rata exemption from CPD requirements for that calendar year which will be considered on a case by case basis by the CPD committee. Application needs to be made in writing to the CPD Chair, and exemption is at the discretion of the CPD Committee.

3.3.4 Non-clinical teaching fellows - For fellows who wish to maintain registration as a sports and exercise physician and will only be performing teaching duties and no clinical practice. There are separate requirements for this outlined in section 8.3.

3.3.5 An Inactive Fellow will need to inform the college CPD committee chair prior to becoming inactive. If the absence from clinical practice is for over 6 months and starts prior to the 30th June they will be exempt from CPD requirements for that calendar year. If they return to clinical practice prior to the 1st July then they will be required to meet the full CPD requirements for that calendar year. All triennium requirements will still need to be met.

3.3.6 If a fellow is not practicing SEM for more than 12 months they are required to complete a full 12 months of CPD requirements prior to returning to clinical practice (this is a mandatory requirement of the New Zealand and Australian Medical Councils)

4. Data Collection and Proof of CPD Participation

4.1 CPD Online

Fellows must record their CPD activities on the College website CPD portal. Fellows can enter activities into My CPD Online any time through online portal. The Online portal has been designed to work across all platforms (e.g. desktop, mobile, tablet) and can be accessed at www.acsep.org.au

4.2 Evidence Requirements

Fellows are strongly encouraged to store "base records" that provide evidence of each recorded CPD activity on the College website CPD portal. Examples of appropriate base records are given in the discussion of various CPD activities later in the handbook. If a Fellow is selected for an audit of base records supporting claimed CPD activities, then these base records must be submitted to the College via the CPD portal, with each relevant record attached to the CPD activity to which it relates. Please note, in the event of an audit, it is not acceptable to simply provide a list of what you have done or attended as proof that you have completed a CPD activity.

If a Fellow does not store base records of CPD activities on the College website then they must retain the original documentary evidence of their CPD activities for at least three years following the completion of the last triennium.

4.3 Example of Acceptable CPD evidence

Category 1: Collegial Interaction
Peer Review activities
• Letter or statement from the organiser • Acknowledgement of participation letter signed by a peer *(appendix 2)* • Record of attendance (e.g: meeting minutes, work log or schedule) • Record of de-identified data gathered • Activity log, evaluation documents
Professional Development Area: Conferences and Meetings
• Certificate of completion/attendance

- Letter from organiser to certify completion
- Detailed notes including times and sessions attended
- Acknowledgement of participation letter *(appendix 3)*
- Receipt of payment/ copy of registration

Category 2: Audit of Medical Practice

- Official workplace work log (contain organization's name and participant's name
- Activity log
- Record of de-identified data gathered and analysis
- Evaluation documents

Category 3: Teaching and Learning

Activity	**Example of acceptable evidence**
Teaching ACSEP Registrars, e.g. Case-based teaching, clinical teaching	• The College can internally verify ACSEP Supervisors • Official work log (must contain the organization's name)
Clinical teaching or education sessions delivered to external registrars or external students	• Copy of official work log with organization's name and participants' name • Copy of preparation of lectures/tutorials.
Presentation	• Copy of presentation • Copy of agenda that the presentation is listed
Assessment of Registrars	• Assessment form
Clinical examiner duties	• The college can internally verify ACSEP examiners
Contribution to the development of College education, training and resources	• College can internally verify • Certificate of completion from the website
Publication in a Peer reviewed journal or book	• Title of publication • Correspondence confirming acceptance
E- learning	• The College can internally verify
Reading journals articles	• Evidence of journal subscriptions • Reading log

5. Compliance

5.1 Annual Statement of Participation

Fellows who meet the annual requirements of the CPD program are eligible to receive a Statement of Participation. The Statement of Participation will be electronically produced each January for the previous year (1st January – 31st December), only if the minimum points for each category and a total of 50 points (hours) have been achieved in that year.

5.2 Certificate of CPD Compliance

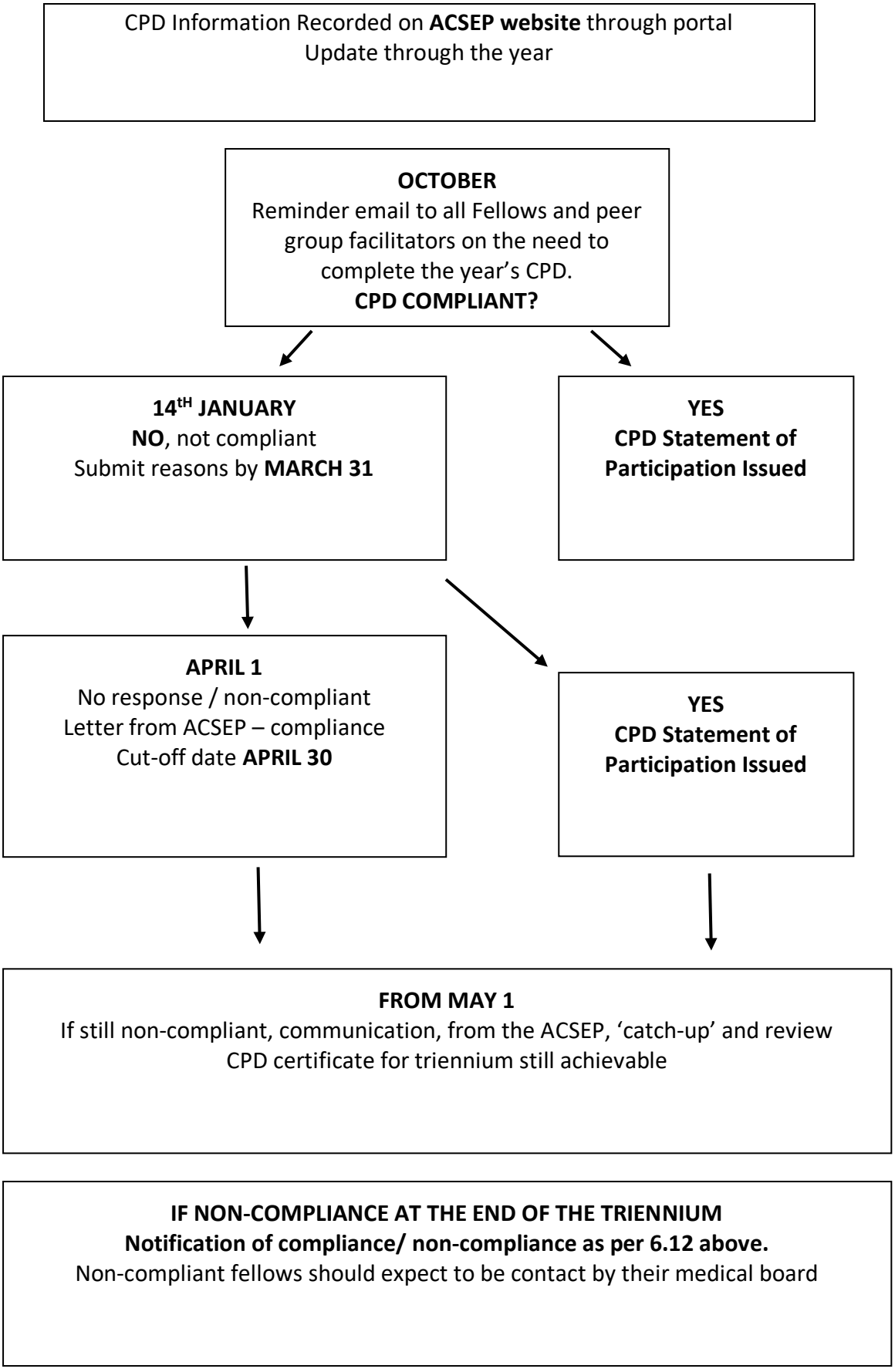
Fellows who meet the requirements of the Continuing Professional Development Program receive a Certificate of Continuing Professional Development at the conclusion of the triennium. This only applies to those who have successfully completed the CPD requirements for the triennium.

6. Non-Compliance

The process of recording CPD and the College response for non-compliance with CPD by a Fellow is described below and is shown in Table 1:

1. Fellows must record their CPD activities on the College website CPD portal.
2. In October of each calendar year, an email and a newsletter notification will be sent to all Fellows and peer review group facilitators, reminding them of CPD requirements needed for the year.
3. In mid-January of the following year, a reminder letter will be sent from the National Office to all Fellows who have not submitted satisfactory CPD activity for the previous calendar year requesting reasons for non-compliance and outlining the CPD areas lacking. National Office will request that these are to be attained by 31 March.
4. For those who have not responded, a second letter will be issued and sent on 1st April requesting the Fellow to comply by 30th April.
5. Up to this point, if a Fellow submits satisfactory CPD activity then they can receive the previous year's annual Statement of Participation.
6. College staff and/or a CPD committee member communicate to continued non-compliers by phone and written correspondence on or after 1st May. These Fellows will not get a Statement of Participation, but do have the possibility to 'catch up' through this year. This means that they need to catch up on the deficit of the previous year's CPD activities as well as completing all the CPD requirements of the current year. Provided they "catch up" they are still eligible to receive the Certificate of CPD compliance for the triennium.
7. If Fellows are non-compliant for the previous year, they are flagged as high risk and audited in the subsequent annual January audit cycle.
8. All Fellows will receive a reminder letter at 6 months prior to the end of the 3-year cycle.
9. In the event that a Fellow is or continues to be non-compliant at the end of the triennium with the College's CPD requirements, the individual will receive a formal letter notifying him or her that they are non-compliant. The College will record the participant as non-compliant in the College's administrative system.
10. A New Zealand fellow who is non-compliant will be notified to MCNZ.
11. In Australia, at the end of the triennium a list of fellows who are compliant with CPD will be sent to AHRPA, as confirmation of compliance with CPD.
12. The notifications to MCNZ and AHPRA may have ramifications for a non-compliant fellow:
    a) A non-compliant fellow is considered as high-risk for being a 'poor performer'. This is a research-based understanding summarized in the Medical Board of Australia's Expert Advisory Group (http://www.medicalboard.gov.au/News/Current-Consultations.aspx). Poor performers are considered by the medical boards as being high risk for medical error.
    b) The non-compliant fellow should expect to be contacted by their medical board. If so, the non-compliant Fellow should expect that their medical board will scrutinize their CPD history and demand certain prompt changes in CPD compliance
    c) This process may ultimately affect the Fellow's medical registration.
13. It should be noted that the processes in point 12 occur independent to the College's involvement. The desire of the College is for all fellows to be CPD compliant, strive for excellence and avoid the potentially serious ramifications from the intense scrutiny with their medical boards.

Table 1. Summary of Recording Process for CPD



7. CPD Audits

7.1 Audit Requirements

The College will undertake an audit cycle each May as follows:

- 9% of CPD participants will be audited for proof of base records supporting claimed CPD activities each year, with 3% in each of the three CPD categories. This audit will be random and will be generated by placing all Fellowship numbers in a random number program. The selected Fellows will be notified on 1st May of the following year, with a month to provide the appropriate documentation or base records to mirror entries on the CPD module on the ACSEP website;
- If not already on the College CPD portal then these base records must be submitted electronically via the CPD portal by attaching each base record to the relevant CPD activity to which it relates
- Anyone who is flagged as a non-compliant (high risk) will receive an audit for the year following the year of non-compliance and also at least once within the following triennium. These are in addition to the 9%;
- Provided the Fellow is found to be compliant on an audit they will not be audited again for the triennium;
- This internal ACSEP audit is separate from any audits that AHPRA or MCNZ independently undertake;
- If a Fellow has been audited by the ACSEP in one of the three categories and the outcome is successful, and that Fellow is subsequently audited by AHPRA, a letter from the CPD committee may suffice as proof of successful participation in CPD for that activity that was audited; details of the AHPRA audit process can be found on http://www.medicalboard.gov.au/Registration/Audit.aspx ;and
- For an MCNZ audit, if a Fellow provides MCNZ with a Statement of Participation it is anticipated that this will be sufficient proof of CPD for the MCNZ without the need for a more detailed audit by MCNZ.

7.2 Acceptable CPD audit documentation

Generally, audit documentation should be from a third party and indicate the date, name of participant and activity title. Personal diary entries, calendar, or invitation for conferences will not be accepted unless that is to substantiate journal readings.

CPD activities undertaken internally with the ACSEP (e.g. attending College Conference, supervising Registrars, teaching Registrars, presenting at ACSEP Conference, examining, committee involvement, contributing to the development of ACSEP educational modules) can be verified internally by the College – documentation is not required.

It is required that medical practitioners to retain evidence for at least 3 years for the audit purposes. And please ensure all patient information is de-identified in the provided documentation due to patient confidentiality and privacy rights.

Please refer to point 4.3 for guideline of acceptable CPD evidence.

8. 2020-2022 CPD Program

The 2020-2022 CPD Program has been developed in consultation with the Fellowship to ensure that it meets the needs of Fellows and reflects current educational principles and regulatory requirements. It is anticipated that CPD will enhance a Fellow's practice, rather than being seen as an onerous requirement. Further, the CPD program will meet the statutory requirements of the relevant medical board.

8.1 Overview

The ACSEP CPD Program is based on a three-year cycle and operates on a calendar year from 1st January to 31st December of each year. The triennium includes minimum annual requirements.

Participants must accrue a minimum of 50 CPD points each year and 150 CPD points across the triennium.

The CPD Program has been streamlined to include three categories:

- Category 1: Collegial Interaction
- Category 2: Audit of Medical Practice
- Category 3: Teaching and Learning

Each category also has an annual minimum number of CPD points to be accrued. No CPD points will be carried across years or into the next triennium.

8.2 Outline of CPD Program Requirements

Table 2 outlines the requirements that must be met to receive the Annual Statement of Participation and the Triennial Certificate of Continuing Professional Development for the 2020-2022 triennium. Fellows must submit a record of their CPD activities via the website CPD portal annually. Please refer above the consequences for non-compliance.

Table 2: ACSEP CPD Program Requirements	
Category 1: Collegial Interaction	
Minimum requirement: 30 points per year (10 points; Peer Review; 20 Points; Conferences & Meetings)	
Professional Development Area: Peer Review	**Minimum 10 points per year**
Peer Review Activities	**Number of points per activity**
Formal Peer Review Group	1 point per hour
Practice visit for the accreditation of a training post (visited fellow)	

Practice meetings for the purpose of improvement in patient care	
Discussion groups	
360-degree Multi-source feedback	
Workplace based assessment of another Fellow (i.e. mini-CEX)	
Regular Practice Review	10 points for a one whole day practice review (reviewed physician only)
Professional supervision	1 point per hour
Professional Development Area: Conferences and Meetings	**Minimum 20 points per year; (note mandatory emergency management course once per triennium)**
Conferences and Meeting Activities	**Number of points per activity**
Conferences/Meetings	1 point per hour
Lectures, short courses, workshops	1 point per hour
Courses leading to a formal qualification (Diploma, Masters etc.)	1 point per hour Maximum 50 points per course
Emergency management course: e.g. BCLS, ACLS, EMST, MOST, MOST refresher, AFL Emergency Care Course, immediate care in rugby level 2 or 3 course (one of the above per triennium)	1 point per hour
Involvement on College Committees (including doing a practice visit for training post accreditation)	1 point per hour
Promotion of SEM (e.g. careers forums, medical student or ACSEP Registrar interviews)	1 point per hour
Visit to your GP	1 point per year maximum
Category 2: Audit of Medical Practice	
One audit per year (different audit needed for each year of triennium)	An audit = 10 points

Category 3: Teaching and Learning	Mandatory: minimum of 2 hours cultural competence activity, ASADA Medical Support Personnel Anti-Doping Course once per triennium, Completion of the four CTS modules for CTSs and CTIs once per triennium
Minimum requirements: 10 points per year,	
Professional Development Area: Teaching and reviewing	
General teaching	1 point per hour
Case-based teaching of registrars	1 point per hour
Clinical teaching of registrars	1 point per hour
ACSEP tutorial program presentation	10 points
Clinical teaching of external registrars or students	1 point per hour
Assessment of Registrars: Workplace based assessment (DOPS, Mini-CEX, review of Registrar learning plans, monthly reviews)	1 point per hour
Clinical examiner duties	1 point per hour
Education sessions delivered to other health professionals	1 point per hour
Providing a peer review of a manuscript at the request of a journal editor	1 point per hour
Presentation or poster at a conference	5 points
Mentoring of a registrar	10 points
Being a reviewer for a one whole day regular practice review of another sport and exercise physician	10 points
Professional Development Area: Research and Personal Learning Activities	**Number of points per hour**

Annual Conversation	1 point per hour
Preparation of a Professional Development Plan (including self-care)	5 points
Cultural Competency Activity - two hours mandatory each year (refer Section 12.1.1)	1 point per hour
Completion of ASADA Medical Support Personnel Anti-Doping e-learning module, or DFSNZ module **(mandatory once per triennium)**	1 point
ACSEP educational online modules	As per certificate; usually 1 point per hour
Academic modules	20 points per module
Reading journal articles to keep up to date with new evidence e.g. participation in journal clubs etc.	1 point per hour (5 points maximum)
Mental health e-modules	1 point per module
Reading MCNZ Standards for Doctors Statements	1 point per statement
Reading NZ Health and Disability Commissioner Code of Rights OR Australian Charter of Health Care Rights	1 point
First author publication in a Peer Reviewed journal or book	50 points
Contributor to a publication in a Peer Reviewed journal or book chapter	10 points
Educational article or paper	5 points
Editor or sub-editor of peer reviewed journal	1 point per hour (10 points maximum)
Clinical Training Supervisor modules (mandatory for all CTS to complete all four CTS modules once in each triennium)	4 points
Contribution to the development of education, training and resources	1 point per hour
Community service	1 point per hour (2 points maximum)

8.3 Non-Clinical Teaching Fellows

Fellows of the ACSEP who are no longer participating in clinical practice but are maintaining a teaching position are able to apply for specific teaching registration. The CPD requirements are modified and they are required to attain 10 hours per year in the teaching and learning category, to engage in an annual conversation with a Fellow of the college around their professional development and complete a professional development plan. They are exempt from the requirement to complete a resuscitation course, ASADA doping course and annual audit and peer review requirements. 2 hours of cultural competence per annum is required as part of the teaching and learning.

Type of Practice	**Annual Requirement**
Non-clinical teaching	• 10 hours in Teaching and Learning category • Annual Conversation • Professional Development Plan • 2-hour Cultural Competence

9. Category 1: Collegial Interaction

Fellows of the ACSEP are encouraged to participate in activities that have regular peer support and peer review as their basis. Peer support will often occur informally and more naturally in situations where colleagues are engaged together in professional development such as Peer Review Groups.

9.1 Peer Review Activities

The ACSEP CPD Program includes ten hours (10 points) of peer review per year as a mandatory requirement. *See appendix 2 – Peer Review Log template*

Definition:
As defined by the MCNZ, peer review is the "evaluation of the performance of individuals or groups of doctors by members of the same profession or team". Peer review is usually carried out by Fellows within the College. It is not an activity in which trainees are included, however senior registrars (i.e. those who have completed four years of training but have not yet fulfilled the requirements for Fellowship) are encouraged to also participate. Peer review can also be carried out in the setting of a multidisciplinary team, when other team members review aspects of a Fellow's work. Peer review can be formal or informal. In any peer review activity, the highest professional ethical standards must be maintained. Patient confidentiality must be maintained, and all aspects of the review activity must also remain confidential. Peer review needs to be constructive and non-judgmental.

For the avoidance of doubt, Peer Review does **not** include non-clinical activities such as business or practice management, or non-clinical research or education activities. For Fellows whose work is largely non-clinical e.g. academic, peer review can involve the review of their non-clinical work e.g. teaching or research peer review, or membership of an academic peer review group.

9.1.1 Formal Peer Review Groups

The ACSEP strongly encourages Fellows to create or join peer review groups. A formal peer review group provides the opportunity to develop a "space" where mutual trust and learning can occur, and

professional support and collegiality are fostered. In essence, this is at the heart of the term "Fellowship". There is an implicit vulnerability in opening oneself to the review of one's peers and it is important that the peer review group remains a safe place for all members. It is the responsibility of the members and the Chairperson to ensure the safety of members at all times.

Ideally, these are self-selected groups, of between four to ten Fellows, who meet regularly to encourage reflective practice. On occasion the group may be larger or smaller than this number. There is an implicit medium to long term commitment to such a group, in order to allow trust to develop, so that Fellows can be supported and learn from the review of their peers in the presentation of clinical cases, issues and challenges.

Groups can meet either in working hours or out of working hours, by decision of the members, and it is recommended that annually twelve hours of meeting time is scheduled, either six two-hour bi-monthly meetings or twelve one-hour monthly meetings.

A group needs a "facilitator" who will typically take this role for a year. The facilitator's role includes:

1. Providing a timetable for the meetings;
2. Scheduling who will chair each meeting;
3. Managing email communications (it is recommended that a formal peer review group has its own email address);
4. Formally advising the CPD committee of the formation of a group and its membership (see below);
5. Keeping a record of attendance and activities at each meeting;
6. At the end of each calendar year providing a written summary (e.g. email) to each member of the peer review group certifying the dates and hours of attendance at the peer review group by that member.

At each meeting there is a **Chairperson** to chair the meeting. This ideally rotates around the group for each meeting. The Chair recommends the activity for the meeting and communicates this is advance to the members and chairs the meeting.

Typically, there is time in the meeting for both informal discussion and the formal peer review activity. Examples of peer review activities in the group include:

1. Joint review of cases;
2. Presentation of "difficult" cases;
3. Chart reviews;
4. Critique of a video of consultations or on field management;
5. Review of clinical practice protocols or management paradigms;
6. Clinical research presentation;
7. Review and discussion of cultural competency;
8. Ethical or clinical work issues;
9. Group clinical audits.

The Annual ACSEP Conference will include two hours of scheduled time for peer review groups to meet (i.e. one meeting per year for each peer review group will be at the annual conference).

For a peer review group to be recognised by the ACSEP, a formal notification must be made to the College, advising the College of the formation of a group, who the members are, and who the

facilitator is. Please email this information to nationaloffice@acesp.org.au . The College must be kept informed of changes in the membership of the group.

9.1.2 Practice visit for the accreditation of a training post

Practice accreditation visits are conducted on a five yearly basis to ensure that appropriate standards are being maintained for ACSEP Registrars. A site visit involves an accreditation team visiting the training practice, inspecting the facilities, conducting interviews with relevant stakeholders and providing a report on the practice. Only the "reviewed doctor" can claim peer review points for this. The reviewing doctor can claim points under "involvement on college committees".

9.1.3 Practice Meetings for the purpose of patient care

Practice meetings are a method of quality assurance to improve patient care. This includes planned improvement processes to increase patient care through greater learning opportunities.

9.1.4 Discussion groups

Health professionals are increasingly utilising small group discussions as a tool for contribution to CPD. These groups typically involve groups of Registrars and Fellows who utilise the concept of problem-based-learning, thus creating a depiction of real clinical dilemmas which can be more readily applied to specific situations/topics. These groups provide an opportunity for SEM professionals to meet together, exchange experiences and participate in knowledge sharing which is a key element to professional development. However, for a discussion group to be classed as a peer review activity for the purposes of the ACSEP CPD Program it must relate to a review of a Fellow's (or group of Fellow's) actual clinical practice.

9.1.5 Multisource feedback

This is usually a component of Regular Practice Review. See 10.1.7 below.

9.1.6 Workplace Based Assessment of another Fellow

Workplace based assessment tools can provide Fellows with a structured review format as a means to review relevant clinical knowledge of another Fellow. The areas covered include the exhibited behaviour of Fellows in any particular scenario, reasoning and understanding and finally technical and non-technical skills. The College has suggested the use of a mini-CEX.

9.1.7 Regular Practice Review

Regular practice review (RPR) is an in-depth whole day review of a Fellow's practice by another Fellow, reviewing many different aspects of the practice. It is a formative assessment rather than summative and aims to help the reviewed physician identify areas of their practice where performance could improve. It is performed in the physician's usual practice setting. The College recognizes that for rural or isolated practitioners, face to face peer review group meetings pose a logistic challenge and an RPR is an alternative option for peer review.

RPR aims to assess the physician's practice across the core competencies of clinical expertise, communication, collaboration, management, scholarship, and professional attributes. Ideally the

physician will submit audits of her/his medical practice for review. RPR helps to maintain and improve standards of medical practice within the College. It is useful for both quality assurance to external stakeholders and for quality improvement within our group of fellows. Constructive feedback is integral to RPR, and RPR will then inform the Personal Development Plan. The aim is to provide constructive support to the doctor being reviewed which will assist in identifying and addressing good areas of practice and areas of practice which could be improved upon.

RPR is not designed to identify incompetence, but enhance clinical practice. It is not a compulsory requirement as part of CPD, but will complement ongoing CPD activities and does count towards gaining CPD points both as a reviewer and reviewee. In the rare case of identification of gross inadequacy by the reviewer the reviewer is obliged to contact the College and inform them of this. It will then be the college's responsibility to investigate the issues identified further.

Reviewers will need to practice in a separate practice from the reviewee and will not be reimbursed for their time. The review process will take a full 8 hours to complete. The reviewee will obtain 10 points in category 1 (under peer review) and the reviewer will obtain 10 points in category 3 (Teaching and learning).

It is suggested that each fellow of the college should be reviewed at least once every 3 years. There is no benefit to non-clinical fellows participating in regular practice review.

Process:
The reviewee will volunteer for practice review and will either identify a potential reviewer themselves or will ask the College for help identifying an appropriate reviewer. Both the reviewer and reviewee will be sent an information pack containing all the required documents for the process. They will arrange an appropriate time for a full day of review. A confidentiality document will be signed by the reviewer regarding patient confidentiality. The day of review will start with an initial meeting between the Fellows to lay out the process for the day and discuss the reviewee's areas of strength and weakness and the structure of their normal practice. There will follow 4 hours of clinical consultation with the reviewer taking on an observational role. The reviewer will then have an independent meeting with at least one staff member and at least one colleague or registrar practicing in the same clinic if possible.

Prior to the date of review fifty patient feedback forms should be completed (in the information pack) these should then be discussed and any patient identified issues highlighted. 10 Colleague/co-worker questionnaires should also be completed by other health professionals that the reviewee deals with on a regular basis. This generally includes fellow sports and exercise physicians, registrars, radiologists and physiotherapists. The feedback forms should be completed prior to the review and should involve both new and follow up patients. Ideally they should be completed by patients on the day of their consultation, but can be posted out to patients following their consultation. The next process involves medical record review and ten medical records should be reviewed from a note taking and clinical documentation point of view rather than a clinical practice point of view. The review process will then close with a conclusion interview.

There is no grading or summative part of this process and there is no requirement for a formal report to be submitted to the college. The college should be informed that the review process has taken place and any feedback on the process would be appreciated. If there gross inadequacy is identified during the progress this should be fed back to the college and formal discussions will be initiated with the Fellow concerned.

Information pack contents (Appendix 1):

Reviewee

- Self-assessment questionnaire
- Sample of recommended daily structure
- Patient information sheet
- Patient feedback questionnaire
- Colleague/co-worker questionnaire

Reviewer

- Confidentiality agreement
- Colleague interview guide
- Medical record review guide

College Documents:

- Policy for dealing with regular practice review process issues

The reviewed physician claims 10 points of peer review for a RPR, and the reviewing physician claims 10 points under Teaching and Learning.

9.1.8 Professional Supervision

Professional supervision is recommended for fellows. This accrues one point per hour of peer review. Supervision can be given by an allied health professional who has professional skills in the area of supervision, e.g. a psychotherapist, counsellor, psychologist or psychiatrist.

9.2 Conferences and Meeting Activities

9.2.1 Conferences

Attendance at the ACSEP and SMNZ Conferences is strongly encouraged by the College. The conferences and their associated seminars, lectures and meetings enhance Fellows' knowledge base and management skills as a SEM physician. Attendance at other conferences and other meetings is also important as they provide Fellows with opportunity to discuss SEM issues in a collegial/multi-disciplinary environment. Conference attendance is given one point per hour. Documentary evidence should include a copy of the programme with the sessions attended clearly marked.

9.2.2 Lectures, short courses, workshops

Lectures, short courses and workshops all earn one point per hour. Documentary evidence needs to include the program or some other form of documentation of the activity.

9.2.3 Courses leading to a formal qualification

This includes taking part in study as part of a recognised University or medical college or professional educational body administered course leading to a formal qualification (Degree, Diploma). Examples include Masters of Sports Medicine.

Topics that do not relate to Sports Medicine will not be included. For non-sports and exercise medicine (e.g. Education), participants are encouraged to contact the College to ascertain the eligibility of their

course for CPD points. The College requires confirmation of enrolment form the Education provider to ascertain eligibility. One point per hour with a maximum of 50 points per course.

9.2.4 Completion of an emergency management course (completed once per triennium)

The ACSEP has a requirement that Fellows are competent in the management of medical emergencies. Once per triennium a Fellow must complete ANY ONE of the following courses: basic cardiac life support course (BCLS), advanced cardiac life support course (ACLS), Management of Sports Trauma course (MOST), MOST Refresher, AFL Emergency Care Course, or immediate care in rugby course (level 2 or 3 course). One point per hour. Documentary evidence: certificate of completion.

9.2.5 Involvement on College Committees

Time spent working on College committees is credited with one point per hour. This includes doing a practice visit to another fellow for the purpose of practice training accreditation. Involvement in the mental health peer support group for both training and provision of said support earns one point per hour. Provision of support requires no base documentation due to the sensitive nature of this service provision.rpr

9.2.6 Promotion of SEM

Activities that promote SEM includes careers forums, medical student interviews, or ACSEP Registrar interviews earn one point per hour.

9.2.7 Visit to GP

All Fellows are strongly encouraged to have their own GP as part of self-care. A visit to your GP accrues one point (maximum one point per year).

10. Category 2: Audit of Medical Practice

CPD activities provide reassurance to regulatory bodies (MBA, MCNZ, AHPRA) and the public that individual doctors are maintaining clinical competence. Audit is strongly associated with maintenance of competence. The term *Audit of Medical Practice* has replaced *Clinical Audit*, recognising that not all Fellows are necessarily in clinical practice.

10.1 Definition of Audit of Medical Practice

Audit of medical practice is defined as a systematic, critical analysis of the quality of the Fellow's own practice that is used to improve clinical care and/or health outcomes, or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines.

It is the critical analysis element that transforms a simple data-gathering exercise into a powerful tool with potential for improvements in competence, patient and clinician satisfaction.

10.2 ACSEP Requirements

The ACSEP requires that Fellows include one audit of medical practice as a part of their CPD each year. Fellows are encouraged to attach their audit to the CPD portal under Audit of Medical Practice. Your

audit must be made available if requested, as part of an ACSEP audit of documentary evidence of claimed CPD.

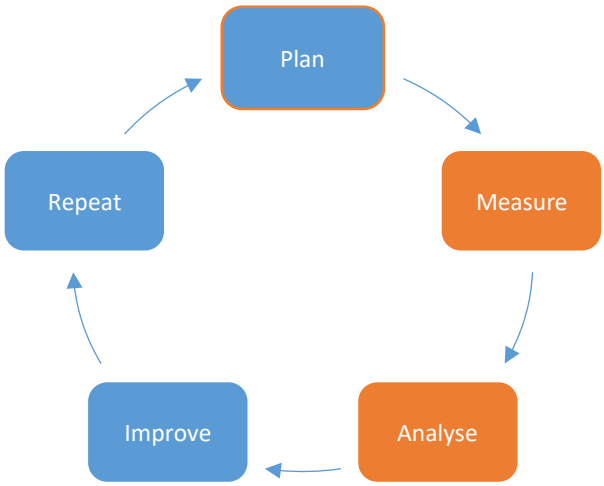
A completed audit earns 10 CPD points, reflecting the fact that roughly 10 hours' work should go into each audit.

Audits may be done individually or as a group. If done as a group, each member must contribute equally to the audit process.

If Fellows are uncertain whether a planned audit will satisfy CPD requirements, they are encouraged to make contact with the National Office early on in the process.

10.3 How to plan and perform an Audit

Whilst a stand-alone audit will suffice for CPD purposes, ideally an audit is just one part of a continuous quality improvement (CQI) cycle:



10.3.1 Plan

Select an area of practice that you feel could be improved upon. Equally, you may choose an area of practice you feel quite happy with, but just want to confirm you are within accepted guidelines.

Your selection may be based on an issue that has arisen during a peer review discussion or practice meeting, or on patient and/or referrer feedback.

Part of the planning process involves identifying which standard(s) your data will be measured against. This might include peer group data, nationwide or state-wide standards, or data obtained via a brief literature review.

For those in a group practice, each group member should take responsibility for one aspect of the exercise, so that all members are contributing equally. For example, one might collate data, another researches criterion standards to measure group results against, two might compare group data against the criterion standard and all would measure their own data against the group.

10.3.2 Measure

Data collection should be undertaken in a systematic fashion according to the requirements of the particular audit. Qualitative patient or referrer surveys may make use of online platforms such as Survey Monkey.

10.3.3 Analyse

This is a key part of the audit and transforms the process from a mere data gathering exercise into one where Fellows demonstrate critical analysis of their results.

If done as a group, each member needs to reflect on his/her individual practice and how it relates to the group data. A similar thought process should be applied when comparing group data to external standards (if available).

Fellows are encouraged to critically appraise their data, ask questions and draw conclusions. Consider what conclusions can be drawn and why. If significant differences are found between your data and others, consider why this might be.

Placing the above in a peer review context – i.e. obtaining feedback from your peer group – increases the power of the analysis.

If an individual or group is found to be an outlier, consider why this may be, and what steps (if any) might need to be taken to change this.

10.3.4 Improve

Plans may be put in place to improve practice, based on the above analysis. Examples include attendance of education sessions and/or conferences, up skilling in a particular procedure and alterations in communication policies & procedures.

10.3.5 Repeat

The audit should be repeated at some stage to ensure maintenance of quality and/or continuous improvement.

If significant deficiencies were found, you would ideally want to re-audit in 6-12 months for Quality Assurance purposes. For CPD purposes however, the repeated audit could not be submitted again in that triennium.

10.4 Examples of Audits

An audit of medical practice may take many forms. The specifics will be determined by the nature of each Fellow's employment. Examples include:

10.4.1 Fellows in clinical practice

- Audits of clinical procedures, e.g. ultrasound-guided injections, compartment pressure testing. You may wish to audit treatment outcome, adverse outcomes, consent procedures or another aspect of care;
- Patient or referrer satisfaction surveys;

- Audits of written outputs e.g. patient records, referral letters, radiology requests and letters back to referrers. You may wish to audit the appropriateness of your radiology referrals or accuracy of referral letters. There are many existing standards and guidelines that can be accessed via the web to help;
- Tour reports. These need to reflect on your own practice during the tour, make comparisons with past reports if available, and plan for improvements in your own practice and for future tours; and
- Health & Safety audit to ensure compliance with relevant legislation.

10.4.2 Fellow who do not see patients

- Fellow who do not see patients usually produce outputs for someone – their "customers" or employers or students – and satisfaction surveys of these, rather than patients, can be the basis of a Continuous Quality Improvement (CQI) activity;
- An annual performance review featuring integration into a CQI plan; and
- Audits of written policies, board or research papers.

10.4.3 Examples of activities that do not constitute Audit of Medical Practice for these purposes

- Audits of another Fellow's practice; and
- Audits of another club's medical services.

10.5 Audit templates

The CPD Committee has occasionally received requests from Fellows for "audit templates". There are no audit templates, in the same way that there are no Part II answer templates, as there is no one-size-fits-all template that can be applied to any given audit.

Part of the audit process involves creating an audit that meets the needs of the individual or practice, and seeks to answer a specific question, which will necessarily differ from practice to practice.

A possible exception is a patient satisfaction survey, of which numerous examples can be found on online platforms such as Survey Monkey (an example is given in Appendix 1, as part of the resources for RPR). Even then, the CPD Committee recommends that these be customised to fit the respective Fellow or practice.

10.6 Write-up

Your write-up needs to encompass the following. It is not intended that this be particularly onerous:

- Outline including rationale behind audit;
- Brief literature review (if applicable);
- Data collection and methods;
- Results;
- Analysis of results, comparing to group data (if applicable) and/or external standards; and
- Plans – changes to practice, timeframe for repeat audit.

11. Category 3: Teaching and Learning

This category relates to research and investigation to improve learning and development in sport and exercise medicine. Points can be claimed for developing professional standards that impact on the practice of peers. Educational activities may include including teaching posts held at universities or other recognised education providers; holding an examiner position in both written and clinical ACSEP exams; or being involved in the preparation and/or presentation at lectures/tutorials. Research activities include involvement in research, preparing publications or reviewing manuscripts. Any activity that improves a Fellow's cultural competence is included in this category.

11.1 Mandatory activities in Teaching and Learning

11.1.1 Cultural competence

The ACSEP's definition of cultural competence is adapted from the MCNZ: Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a Fellow has the attitudes, skills and knowledge needed to achieve this. A culturally competent Fellow will acknowledge that first, Australia and New Zealand have culturally diverse populations; second, that a Fellow's culture and belief systems influence her or his interactions with patients and accepts this may impact on the doctor-patient relationship; and third, that a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding.

Cultural mores identified by the ACSEP are not restricted to ethnicity, but also include (and are not limited to) those related to gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth. The ACSEP emphasises that Fellows need to be able to recognise and respect differing cultural perspectives of patients, for the purpose of effective clinical functioning in order to improve health outcomes for patients.

A minimum of 2 hours per year of a cultural competence activity is required.

Resources that Fellows can use to further their cultural competence include:

a. Online modules:

- ACEM cultural competence e-modules (one point per hour) http://elearning.acem.org.au/course/view.php?id=357
- NZ Ministry of Health Foundations in Cultural Competence online course (two points) at http://learnonline.health.nz/course/view.php?id=184
- Centre for Cultural Competency Module (ten hours) www.ccca.com.au (ten points);

b. Conferences:

- From 2019 onwards there will be a dedicated two hours on cultural competence at the ACSEP annual conference (two points).
- Australian Indigenous Doctors Association annual conference (one point per hour) www.aida.org.au/conference
- Pacific Region Indigenous Doctors Congress (PRIDoc) biannual conference (one point per hour) https://www.pridoc2018.org
- Te Ora Annual Conference (one point per hour) http://www.teora.maori.nz

Documentary evidence – annotated conference program

c. Reading resources:

One point per statement read unless otherwise stated. Documentary evidence for reading these statements: include the statement as an attachment to the activity claimed on the CPD portal.

- Statement on cultural competence https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf
- Statement on best practices when providing care to Māori patients and their whānau https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-best-practices-when-providing-care-to-Maori-patients-and-their-whanau.pdf 2 points
- Best Health Outcomes of Māori: Practice Implications https://www.mcnz.org.nz/assets/News-and-Publications/Statements/best-health-maoricomplete.pdf 2 points
- Best health outcomes for Pacific peoples: Practice implications https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Best-health-outcomes-for-Pacific-Peoples.pdf
- Cultural Competence, Partnership and Health Equity: Professional Obligations Towards Māori Health Improvement https://www.mcnz.org.nz/assets/News-and-Publications/Competence-Partnership-Equity.docx.pdf
- Griffith Review "Born on Aboriginal Land" https://griffithreview.com/articles/born-on-aboriginal-land-failure-of-reconciliation/
- ACSEP Reconciliation Action Plan https://www.acsep.org.au/page/news/reconciliation-action-plan
- "How to be a good indigenous ally" https://www.sbs.com.au/nitv/article/2018/05/28/how-be-good-indigenous-ally
- "Closing the gap on indigenous health" http://mobile.abc.net.au/news/2018-02-08/closing-the-gap/9407824?pfmredir=sm
- "When scientists "discover" what indigenous people have known for centuries" https://www.smithsonianmag.com/science-nature/why-science-takes-so-long-catch-up-traditional-knowledge-180968216/
- A Comparison of Māori and Non-Māori Patient Visits to Doctors http://www.moh.govt.nz/notebook/nbbooks.nsf/0/D222772D6D01D0FACC25748C007D64D8/$file/NatMedCaReport6Dec2005.pdf
- Effects of self-reported racial discrimination and deprivation on Māori health and inequalities in New Zealand: cross-sectional study (pdf available on request to National Office)

d. Podcasts and Videos:

- 'Ngā Kaitiaki Hauora' translates as 'guardians of health'. This podcast emerged from a meeting near Auckland organised by the RACP's Māori Health Committee in November 2017. Members of various medical colleges and institutions came together to share perspectives on the delivery of health care to New Zealand's population of Māori and Pacific Islander people. This conversation comes in the context of the Wai 262 claim, which is forcing a re-examination of the Crown's obligations to the Māori population under the Waitangi Treaty of 1840. https://itunes.apple.com/au/podcast/pomegranate-health/id1022747864?mt=2&i=1000395442877
- Tauiwi GP talk re indigenous health (available on request to National Office)

- Cultural competence training pdf (available on request to National Office)
- Adam Goodes – The Final Quarter (video)

One point each.

e. Future directions

ACSEP is developing the area of cultural competence and is working towards further cultural competence resources in the following areas:

- development of a cultural competence resource kit
- establishment of links with Māori and Pasifika, and Aboriginal and Torres Strait Islander medical organisations
- formative assessment tools for cultural competence
- workshops and courses in cultural competence
- refugee health
- sexual health
- belief systems

11.1.2 ASADA "Medical Support Personnel Anti-Doping Course" e-learning module OR DFSNZ online learning module

Either the ASADA or the DFSNZ online module needs to be done once per triennium. A module earns 1 point. Please see https://elearning.asada.gov.au/enrol/index.php?id=194 or https://e-learning.dfsnz.org.nz/

11.1.3 CTS modules

All ACSEP Fellows who are involved in regular teaching of registrars (including Clinical Training Supervisors (CTS) and Clinical Training Instructors (CTIs)) must complete all four CTS modules once in each triennium. This is a mandatory requirement for CPD for these fellows only (pursuant to the ACSEP's agreement with the AMC).

11.2 Teaching and Reviewing

It is recognised that one learns as one teaches or reviews, and these activities earn CPD points.

11.2.1. General teaching

General teaching activities may include but are not limited to:

- Teaching on ACSEP courses/workshops;
- Development of educational materials;
- Assisting with the development and/or implementation of STP education support projects;
- General teaching activities to Registrars, undergraduates or other health professionals;
- Acting as an examiner for ACSEP, University or other recognised educational institutions; or
- Acting as an assessor for ACSEP, AMC, University or other recognised institution.

11.2.2 Case based teaching of registrars

Case based teaching (the equivalent of hospital based "bedside teaching") earns one point per hour.

11.2.3 Clinical teaching of registrars

Other teaching of ACSEP registrars, formal or informal, earns one point per hour.

11.2.4 ACSEP tutorial program presentation

Presentation of a tutorial for the ACSEP tutorial program earns 10 points. Documentation: ideally the signed letter from Chair of Training acknowledging that the presentation has been given (provided by the registrar organizing the tutorial).

11.2.5 Clinical teaching of external Registrars/Students

This refers to the structured formal teaching and/or supervision of medical students or other doctors, or other health professionals organised through a university medical education program or student placement program. (A request for the teaching activity from the relevant teaching institution is recommended as documentary evidence). These are activities directly related to education and reinforce the attributes of a Specialist Sport and Exercise Medicine Physician, particularly that of Medical Expert, Scholar, Communicator, Collaborator, Manager, Health Advocate, and Professional. The preparation of lectures, tutorials and small group workshops are examples of recognised teaching activities. Office based teaching of an external registrar or student is an example of this activity.

11.2.6 Assessment of Registrars – Workplace based assessment (DOPS, Mini-CEX), review of Registrar learning plans, six-monthly progress reviews

Assessments of a registrar earn one point per hour.

11.2.7 Clinical examiner duties – question writing, marking and examiner training workshops

The role of an examiner is crucial to ensuring that the College runs high quality examinations. Contributing to clinical examination activities is a valuable CPD activity. For ACSEP clinical exams, the ACSEP appoints a court of examiners who are allocated one of four exam categories. They are required to examine Registrars against the guidelines specified by the Board of Censors. These duties earn one point per hour.

11.2.8 Education sessions delivered to other health professionals, teams, etc.

Networking and liaising with other health professionals and training organisations will lead to a coordinated, multidisciplinary needs-based and locally relevant education program. This will lead to raising the profile of an SEM sports physician and ultimately improve patient health outcomes. The ACSEP education programs are developed to maintain and enhance the knowledge, skills and abilities of MDT's through skill building and active participation in sessions on important issues relevant to contemporary practice. This category also includes education sessions made to non-medical audiences, such as: community groups, and sporting teams and other health professionals.

11.2.9 Peer review of a manuscript

Providing peer review of a manuscript at the request of a journal editor accrues one point per hour

11.2.10 Presentation or poster at a conference

Presentation at a conference - either podium or poster - earns 5 points per presentation.

11.2.11 Mentoring a registrar

The role of being a mentor to an ACSEP registrar is considered of vital importance in the training of a future SEM physician. This would involve informal and at times informal face to face meetings. ACSEP is developing resources for mentoring. Mentoring earns 10 CPD points per year.

11.2.12 Reviewer of a colleague for Regular Practice Review

Being a reviewer for a formal Regular Practice Review of another Fellow earns 10 points under Teaching and Learning. A RPR takes one whole day and involves a detailed review of that Fellow's practice. See the Section 10.1.7 on RPR.

11.3 Research and personal learning activities

Sport and Exercise Physicians are responsible for maintaining their skills, knowledge and competence and for keeping up to date with developments in their area of practice, as well as developments in clinical and sports science. These requirements can be met by participating in research and other personal learning activities.

11.3.1 Annual Conversation

A structured conversation (at least annually) with a peer, colleague or employer about the fellow's practice is considered an essential component of recertification program.
The intent of this activity is to provide time for the fellow to reflect on their development needs, their goals for learning and professional activities and their intentions for the next year. Fellows are encouraged to use the information they have obtained undertaking activities under their CPD program.
It provides an opportunity to receive constructive feedback and share best practice. It may also give doctors the opportunity to explore their satisfaction in their current role, self-care and any health issues so they are able to adjust their practice accordingly, set performance targets for the future, and consider longer-term career aspirations.

11.3.2 Preparation of a professional development plan

What is Professional Development Plan (PDP)

A PDP is a planning tool that can guide doctors' future CPD and help them to identify and undertake their educational activities to meet their professional development needs. It can be used as a guide to balance CPD activities such as clinical activities, teaching & learning activities, personal audits and conference. This is a reflective activity, identifying areas of knowledge and practice that may need updating or areas needing up-skilling.

At times, Fellows have reached the end of the CPD year and not been able to meet their CPD requirements. Therefore, planning ahead may allow our members to fulfil the requirements in each category.

The Medical Board of Australia and the Medical Council of New Zealand require doctors to self-assess individual learning needs, identify professional and personal objectives. The completion of a PDP should be preceded by an "annual conversation" with a colleague to help guide areas for further development.

Preparation of plan with reflection at the end of the year 5 points. **Please refer to appendix 5 for PDP template.**

How can a PDP be used?

A PDP is formulated after you assess your CPD needs. Ideally the PDP should utilize performance and outcome data. Such data include outcomes of audits of medical practice, results of MSF and RPR feedback. The identification of professional development needs should take into account the knowledge of the fellow, the stage of progression in their career and their work requirements. The PDP should address career management issues such as transition to retirement for older doctors. Further, we encourage the PDP to include some reflection on self-care including areas such as health care, having a medical checkup from your GP, a plan for regular exercise and good nutrition, and goals for non-medical pursuits. You should set out a clear plan of professional education activities that you intend to undertake to meet their identified learning needs.

A PDP is most effective when you incorporate specific goals that are time-based, achievable and appropriate to your actual work and the setting you work in. This is a working document that needs to be revisited and updated regularly to reflect areas that still need to be improved and where things have been achieved. Goals can be both long and short term and can span multiple annual PDPs.

Step-by-Step Guide to writing your PDP

Step 1 – Self- evaluation

Self-evaluation is the first step of the PDP process. It is the process of gathering information about yourself to decide about the areas that require educational enhancement. This could include evaluation of interests, skills, professional values and related personal goals. This should be combined with the annual conversation that fellows are advised to have with a colleague to identify learning needs.
Possible approach:

- Identify your strengths and areas of development by reflecting on the professional services you provide or the role you perform. Then anticipate how these may affect on your ability to perform your role next year.
- You can judge your expertise in clinical perspective and compare it to external objective measures of performance by using online MCQs for self-assessment clinical knowledge; peer review by a colleague; or a formal audit of your own practice

Step 2: Setting goals and actions

This step is to identify your professional learning objectives based on self-evaluation. Objectives should be clear, realistic and specific in a proposed time frame. Then choose learning activities which best suit your learning style.

Possible approach:

- You should identify suitable CPD activities which will help to improve your professional learning needs and how these activities impact on your practice.
- Identify CPD activities that will cover your educational needs which you may learn by yourself, or in group
- A reminder system may help you to keep the PDP on track. E-diaries such as Outlook Calendar, Google Calendar may be helpful.

What do I want to learn?

- Be specific – clearly describe what you are planning to learn.
- Check – is this realistic but challenging?
- Goals can be both short and long term. They can span multi-year PDPs.

What will I do to achieve this?

- Take account of your preferred learning style.
- Detail the specific actions you are planning.
- Plan a mix of activities – work based, professional activities, formal education, self-directed learning.

What resources or support will I need?

- The cost in time and money.
- Whose support do you need to turn this plan into reality – a colleague, mentor, employer, friend, professional body, etc.
- Support is often essential in making informed decisions to provide you with ongoing motivation to keep you on target.

What will my success criteria be?

- What will you have learned?
- This is the measure to show that you have achieved your objective. It could be a qualification, completion volume or quality of work required, being able to put new skills into practice, improved management effectiveness.

Target dates for review and completion

- The date by which you plan to review your progress – be realistic!
- The date by which you intend to have achieved this part of your development plan. Be realistic – small successes achieved quickly will provide motivation towards longer term goals.

<u>Step 3: Reflection and assessment</u>

You are encouraged to review your PDP during the CPD period to ensure that your needs are being met and amend additional needs. The reflection process can result in recognizing the need for further educational activities and furthering your professional development.
Example:

- Document and analyze the strengths and weaknesses of each activity
- Review and assess if the activity met your educational goals set in PDP
- Review how the chosen activities met your goals
- Identify newly activities that may become available to help with your educational activities

A Professional Development Plan should be regularly reviewed and updated, at least at the commencement of each CPD year.

11.3.3 ACSEP Online learning modules

There are a number of online ACSEP e-learning modules that the ACSEP encourages Fellows to complete. These can be accessed through the College website.

Short learning modules (e.g. internal medicine, special groups, environmental) 1 point (1 hour)

Academic Module 20 points

Examiners Modules (coming soon) 1 point per module

Video examination modules 1 point per module

On completion of a module a certificate is issued which is used as the base record for documentation of completion of the module.

11.3.4 Mental health modules

Completion of a mental health module (currently in development) accrues one point per module.

11.3.5 Reading journal articles

Reading of peer reviewed journals independently or as part of a journal club is encouraged through self-education and professional reading. The structure self-study category refers to activities that are undertaken on an individual basis. These activities which include reading and learning through print and web media and are undertaken by the individual Fellow on topics relevant to the practice of Sport and Exercise Medicine. One point per hour with five points maximum. Documentation of this is not possible and points claimed are accepted on a good faith basis.

11.3.6 Reading MCNZ Standards for Doctors Statements

The MCNZ has a number of excellent statements on good medical practice that the ACSEP encourages all Fellows (both NZ and Australian) to read. Unfortunately there are currently no Australian equivalents. These can be accessed at https://www.mcnz.org.nz/news-and-publications/statements-standards-for-doctors/

CPD points are earned at one point per statement read. Please attach statements read via the CPD portal as base records for documentation of the activity.

11.3.7 Reading NZ Health and Disability Commission Code of Rights or the Australian Charter of Healthcare Rights

The ACSEP encourages all Fellows to read either the Australian Charter of Healthcare Rights https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDf.pdf or the Code of Rights published by the NZ Health and Disability Commission http://www.hdc.org.nz/the-act--code/the-code-of-rights . Reading a Code of Rights earns one CPD point. Please attach the Code via the CPD portal as a base record for documentation of the activity.

11.3.8 First author in a peer reviewed journal or book chapter

Fellows may be eligible to claim CPD points if they are the first author in a peer reviewed scientific journal or medical book chapter. This refers to the Fellow being the main contributor of a published piece. 50 CPD points per publication. To claim, they must attach a copy of the publication or a reference as a base record.

11.3.9 Contributor to a publication in a peer review journal or book chapter, educational article or paper

Publication of scientific or educational content in a peer reviewed journal can allow the Fellow to claim CPD points when the publication is accepted by the peer-reviewed journal or medical book. Ten points per publication. To claim, they must attach a copy of the publication or a reference as a base record.

11.3.10 Educational article or paper

Authorship of an educational article or paper in a non-peer reviewed journal 5 points.

11.3.11 Editor of subeditor of a peer reviewed journal

One point per hour with 10 points maximum for a year.

11.3.12 Contribution to the development of education, training and resources

These include activities directly related to education or training that will help contribute to the learning of other Fellows, Registrars and other health care professionals. Examples of these activities may include but are not limited to:

- Preparation of presentations at academic, scientific or educational conferences;
- Contributing to the development and implementation of ACSEP assessments and examinations; and
- Preparation of formal teaching material

11.3.13 Community service

Involvement in some form of voluntary unpaid community service (outside the role of being a doctor) usually gives back to the individual as much, if not more, that what is given, and contributes to personal growth, which in turn can make a Fellow a better physician. One point per hour (maximum of two points).

Continuous quality improvement of the CPD program

The Professional development framework is a constant changing entity and there is a need to keep up to date with current and future trends in education applicable to the CPD program. The CPD committee meets twice a year to discuss changes in the education environment and approve any modifications to the requirements for each component of the CPD requirements. The CPD handbook

is updated on an annual basis and provides a method for fellows to easily be aware of their CPD requirements.

Appendix

Appendix 1. RPR information pack

Contents:

Reviewee:

- Self-assessment questionnaire
- Sample of recommended daily structure
- Patient information sheet
- Patient feedback questionnaire
- Colleague/co-worker questionnaire

Reviewer:

- Confidentiality agreement
- Colleague interview guide
- Medical record review guide

College:

- Policy for dealing with regular practice review process issues

Self assessment Questionnaire

Reviewee to complete prior to the initial interview

Your practice has a policy for receiving and responding to patient complaints?	YES	NO
Your practice has a system to measure patient satisfaction?	YES	NO
Your practice has a procedure for collecting and storing private information?	YES	NO
Your practice has a procedure for identifying culturally appropriate practices?	YES	NO
Your practice has documents identifying the rights and responsibilities of patients?	YES	NO
Your practice complies with relevant legislation, regulations, ethical standards and clinical protocols?	YES	NO
Computerised medical records are password protected?	YES	NO
Practice staff have written guidelines on the release of health information to 3rd parties?	YES	NO
Patient consent is obtained before disclosure of personal information to a 3rd party?	YES	NO
Telephone consultations, texts and emails are always documented?	YES	NO
Policy exists for disposal of information no longer required for clinical purposes	YES	NO
Do you hold a current medical registration?	YES	NO
Is your professional indemnity cover current?	YES	NO

Self-Assessment Comments:

Reviewer's Comments:

Sample of recommended daily structure

The practice review will take one full day

1. Initial interview (one hour)

   The practice review should start with an introductory discussion covering the following points
   - Plan for the day
   - Self-assessment questionnaire
   - Current structure of medical practice and normal duties e.g. clinic hours per week, team coverage
   - Previous history of complaints in the last 2 years, disciplinary action needed
   - Current CPD requirements and CPD compliance
   - Personal lifestyle, welfare and health issues
2. Clinical practice review (four hours)
   - Reviewer sitting in during a normal morning clinic with patient consultations, management plan formulation and treatment discussion. Each patient should be verbally consented prior to the consultation.
3. Interview with colleagues/staff who work in the same clinic as the fellow including (one hour):
   - Receptionists
   - Practice manager
   - Clinic Registrars
   - Practice fellows
4. Patient feedback review (30 mins)
5. Review of ten medical records randomly selected (one hour)
6. Concluding interview (one hour)
   - The practice review will conclude with a discussion reviewing the visiting fellow's observations and recommendations for further development

Note: Practice reviews should start and end with an interview with the visiting fellow. Activities 2 – 5 above can be arranged in any order.

Australasian College of Sport and Exercise Physicians regular practice review participant information sheet

You are invited to take part in this activity in order to improve the quality of health care delivery. This information sheet sets out the details of this process. Its aim is to explain to you as clearly and transparently all the procedures involved to aid in your decision to be involved in this. Please feel free to discuss any aspect of this information sheet with reception or your treating doctor. Declining to take part in this process will in no way affect your health care delivery.

1. Purpose and Background

This process aims to maintain and enhance the quality of health care delivery by fellows of the Australasian College of Sports and Exercise Physicians. This is achieved by a fellow Sports and Exercise Physicians observing your doctor at work and providing feedback on areas of practice.
Your doctor has volunteered to be involved in this process and this demonstrates their commitment to providing quality health care and enhancing their ability as a treating doctor.

2. Procedure

Participation in this activity will involve:
Having a standard consultation with your treating doctor.
Having a fellow of the Australasian College of Sports and Exercise Physicians sitting in on your consultation. During this time the doctor will be looking at the structure and technique of patient consultation, appropriate investigation and management of your clinical problem.

3. Possible benefits to you

Possible benefits include giving you an opportunity to contribute to your treating doctor's ability to maintain high standards of work, developing their clinical skills and reasoning and gain confidence in their ability to practice safe and appropriate medicine.

4. Privacy, confidentiality and disclosure of information

Any information obtained in connection with this activity will remain strictly confidential. A confidentiality agreement has been signed by the reviewer. We plan to only discuss the actions of your doctor rather than information about you directly as a patient.

5. Other issues

If you have any complaints about any aspect of this process you can contact CPD team directly at the Australasian College of Sport and Exercise Physicians.
Australia – 03 9654 7672
New Zealand (toll free) – 0800 258 777

6. Participation is voluntary

If you do not wish to take part in this process you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw at any stage.

Patient Feedback Questionnaire

Name of the doctor this survey is about:_____

We are interested in receiving your feedback about the care provided by your doctor. Please take a few minutes to complete this survey and return it to us. This questionnaire is anonymous.

Please rate this doctor's performance. A range of different examples have been included for your guidance:

1. A score of 1 would indicate this doctor is the worst you have seen.
2. A score of 2 would indicate this doctor is among the bottom few that you have seen with this characteristic.
3. A score of 8 would indicate this doctor is among the top few that you have seen with this characteristic.
4. A score of 10 would indicate this doctor is the single best.

RATING SCALE:

1	2	3	4	5	6	7	8	9	10
Lowest Score									Highest Score

Making you feel at ease… (being friendly and warm towards you, treating you with respect; not cold or abrupt) 1 2 3 4 5 6 7 8 9 10
Letting you tell "your" story… (giving you time to fully describe your illness in your own words; not interrupting or diverting you) 1 2 3 4 5 6 7 8 9 10
Really listening… (paying close attention to what you were saying; not looking at the notes or computer as you were talking) 1 2 3 4 5 6 7 8 9 10
Being interested in you as a whole person… (asking/knowing relevant details about your life, your situation; not treating you as "just a number") 1 2 3 4 5 6 7 8 9 10
Fully understanding your concerns… (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything) 1 2 3 4 5 6 7 8 9 10

Showing care and compassion… (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached") 1 2 3 4 5 6 7 8 9 10
Being positive… (having a positive approach and a positive attitude; being honest but not negative about your problems) 1 2 3 4 5 6 7 8 9 10
Explaining things clearly… (fully answering your questions, explaining clearly, giving you adequate information; not being vague) 1 2 3 4 5 6 7 8 9 10
Helping you to take control… (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you) 1 2 3 4 5 6 7 8 9 10
Making a plan of action with you… (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views) 1 2 3 4 5 6 7 8 9 10
Overall, how would you rate your consultation with this doctor today? 1 2 3 4 5 6 7 8 9 10
Any further comments?

Australasian College of Sports and Exercise Physician Regular Practice Review Colleague/co-worker questionnaire

CONFIDENTIAL

Please complete the following questions from your knowledge of Sports and Exercise Physician Dr _____

Please do not identify yourself on the questionnaire. We request that you note your position title e.g. Physiotherapist. After anonymous completion please return to the Sports and Exercise Physician in the pre-paid envelope provided.

YOUR POSITION TITLE: _____

Please rate this doctor's performance. A range of different examples have been included for your guidance:

5. A score of 1 would indicate this doctor is the worst you have worked with.
6. A score of 2 would indicate this doctor is among the bottom few that you have worked with for this characteristic.
7. A score of 8 would indicate this doctor is among the top few that you have worked with for this characteristic.
8. A score of 9 would indicate this doctor is the single best.
9. Please circle UA if you are unable to answer a particular question.

RATING SCALE:

1	2	3	4	5	6	7	8	9	UA
Lowest Score							Highest Score		

Respect: Does this doctor show respect for the rights and choices of patients? 1 2 3 4 5 6 7 8 9 UA
Medical Knowledge: How would you describe this doctor's medical knowledge? 1 2 3 4 5 6 7 8 9 UA
Integrity: How would you describe this doctor's honesty and trustworthiness in dealing with others? 1 2 3 4 5 6 7 8 9 UA

Patient Management: How would you describe this doctor's overall management of patients (including prescribing, investigation & referral)? 1 2 3 4 5 6 7 8 9 UA
Compassion: Does the doctor show compassion towards their patients' and families' special needs? 1 2 3 4 5 6 7 8 9 UA
Communication with others: Does the doctor communicate well with patients? 1 2 3 4 5 6 7 8 9 UA
Communication with others: Is the doctor a good listener? 1 2 3 4 5 6 7 8 9 UA
Communication with team: How does the doctor relate to other staff and members of the health care team? 1 2 3 4 5 6 7 8 9 UA
Responsibility: How well does the doctor accept responsibility for his/her own actions (not blaming patients or other health professionals)? 1 2 3 4 5 6 7 8 9 UA
Psychosocial aspects of illness: How well does the doctor respond to the psychological, social and cultural aspects of illness? 1 2 3 4 5 6 7 8 9 UA
Critical appraisal: How well does the doctor critically assess information, risks and benefits? 1 2 3 4 5 6 7 8 9 UA
Emergencies: How well does the doctor respond and act in a clinical emergency? 1 2 3 4 5 6 7 8 9 UA
Overall clinical skills: Would you be comfortable if this doctor were to care for you or a close loved one? 1 2 3 4 5 6 7 8 9 UA
Any further comments?

Once completed, please return to the doctor in the pre-paid envelope provided.

Confidentiality Agreement – Reviewer to complete

Privacy Policy

Confidential information is defined as any information found in a patient's medical record and personal information of a patient. All information relating to a patient's care, treatment, or condition constitutes confidential information.

- Reviewers shall never discuss a patient's medical condition with anyone outside the patient's clinical practice. Confidential matters involving patients will not be discussed in areas where they might be overheard by other patients or other non-employees of the Practice.

- Any unauthorized disclosure of confidential information by reviewers could render the clinic liable for damages. Any reviewer who violates the confidentiality of clinic, medical- or employee-related information is subject to disciplinary action.

_____

I have received a copy of, read, understand, and agree to uphold this written policy on matters of confidential information.
I also understand that in the process of practice review, I will have free access to confidential clinic operations and any violation of confidentiality, in whole or in part, could result in disciplinary action up to and including legal action.
I recognize that this signed document of my agreement to uphold the provisions of this policy will be kept on file.

Signed this _____ day of _____

Reviewer: _____

Signature: _____

Colleague interview guide

The practice review should start with an initial interview lasting up to 1 hour. The following points should be discussed.

- The outline of the day
- Discussion of both the reviewer's and reviewee's work history, clinic setup and current practice
- Review of the self-assessment questions
- Review of the practice profile
- Review of the patient satisfaction report
- Medical complaints over the last 2 years
- Personal health and wellbeing issues with a focus on life work balance and interpersonal stressors

Review of clinic setup and surroundings, access to further resources and data storage processes should be performed. If a fellow is operating from multiple sites all sites should be reviewed at some point throughout the day.
Interview of staff members. These are an important aspect of the practice review process. You will be talking to a number of people who work closely with the fellow and they are perfectly placed to give you a good understanding of how the fellow works and their relationships with not just patients, but other staff members. Each interview should last between 15-30 minutes.

Concluding interview

This generally lasts around 60 minutes and is the most beneficial part of this process. It allows you to discuss your conclusions and develop a recommended plan going forward for your colleague to enhance their medical practice. There is no need to formulate a structured report on the practice review, but the college should be informed that the review took place as planned and if there were any gross inadequacy issues found. In this situation you will be required to write a formal letter to the college regarding this.
CPD points are earned for you performing this review, this should be recorded on the website CPD portal.

Medical Record Review Guide

When assessing medical records the following should be analysed:

- Full demographic data: name, address, DOB, contact phone number and date
- Records should be legible
- History should be fully documented
- Examination findings should be documented
- Diagnosis including a differential diagnosis should be documented
- Appropriate clinical reasoning should be demonstrated
- For injections appropriate consent and procedure should be documented
- Letters to referring health practitioners should be viewed
- Copies of consultation letters should be provided to patients

Appendix 2. My CPD Peer Review Log Template

This document can be used to record formal and informal peer reviews, supervision and mentoring activities. It can be used as an acceptable evidence for the above activities in CPD Audit.
In order to claim CPD points, you should upload this completed document to the relevant activity via CPD online portal.

Date	Hours	Name of peer doing the review	Name of peer being reviewed
		1. 2. 3.	
Reviewer Notes:			
Reviewer Notes:			
Reviewer Notes:			
TOTAL HOURS:			

Declaration:

I confirm that the hours claimed above are correct.

Name and Signature_____ Date_____

Appendix 3. Acknowledgement of Participation

Date:	
Activity Name:	
Activity Details:	
Duration:	
Presenter:	
Location/ Practice	

I,_____, in the capacity of (circle) Peer / Supervisor / Activity Organiser / Other:_____ hereby confirm that _____was involved in the activity as outline above.

Signature: Date:

Practice Stamp (if applicable)

Appendix 4: Process for dealing with regular practice review performance concerns

There are two pathways for reporting concerns raised by the visiting fellow while performing a regular practice review

- **Mandatory Reporting (1)**

Performance concerns, inherent vulnerability's and emerging risks are identified and reported either raised as a consequence of a practice visit. Note: Mandatory reporting matters as outlined by MCNZ and AHPRA are the responsibility of the visiting fellow.

MCNZ: https://www.mcnz.org.nz/our-standards/fitness-to-practise/conduct-and-competence-concerns/

AHPRA: https://www.ahpra.gov.au/Notifications/Raise-a-concern/Mandatory-notifications.aspx

- **Non-Mandatory Reporting (2)**

Matters not of a mandatory reporting severity but still representing behaviours of concern are to be referred to the College CEO who will take to Board level and Professional Standards Committee (PSC) for review and consideration.

The PSC encourages early identification of potential performance issues of Fellows before they become performance failures and supports a more transparent information exchange between all parties to ensure a common understanding of the challenges and opportunities for improvement. Accordingly, performance improvement of college Fellows should follow a continuous cycle whereby the college can identify performance concerns and other risk flags, analyse the level of risk and opportunities for improvement, determine appropriate interventions and ensure that action is taken to mitigate risk and support ongoing improvement.

Appendix 5: ACSEP Professional Development plan (PDP) Template

My Professional Development Plan (PDP)

Name:	
PDP dates covered e.g. 1/1/2019-1/1/2020	

Part 1: Self-reflection

Strengths	Areas for further development

Part 2: Goals & Action plan

What do I want to learn?	What will I do to achieve this?	What support and resources will I need?	What will my success criteria be?	Target dates for review and completion

Part 3: Reflection and Assessment

Reflection and Evaluation

Appendix 6: Process for reporting Fellows who do not comply with CPD requirements to the Medical Council of New Zealand (MCNZ)

Upon the request from the Medical Council of New Zealand (MCNZ), the college will report on individual member's compliance status. The MCNZ dictates that the College must report on all Fellows practicing in New Zealand who are not compliant with the CPD program. When reporting Fellows' CPD compliance to the MCNZ, the following process will occur: