



# AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

## ACSEP Training Practice Accreditation Regulation

ACSEP is obligated to ensure that all training practices are accredited. Accreditation indicates a satisfactory standard of facilities, supervision, support the Registrar and work practices.

Training practice accreditation can occur via one of two mechanisms:

1. Provisional (Desktop) Accreditation (completed annually by practices who have not yet had a Site Visit Accreditation)
2. Site Visit Accreditation (completed at least every five years)

### Provisional (Desktop) Accreditation

Provisional Accreditation is achieved by the Principle Supervisor completing a form, indicating that they understand and are committed to the requirements and standards of the training program. Provisional Accreditation is renewed annually and is mandatory before approval can be provided for a Registrar to undertake training each year.

### Site Visit Accreditation

Site Visit Accreditation involves an accreditation team visiting the practice, inspecting the facilities, conducting interviews with relevant stakeholders and providing a report on the practice. Once a practice has achieved a satisfactory Site Visit Accreditation, they are accredited for the subsequent five years.

### Revocation of Accreditation

Accreditation can be revoked at any time by the Accreditation Committee, should matters of concern indicate that appropriate standards are not being met.

### Guide for ACSEP Training Site Accreditation

ACSEP is committed to conducting regular (every five years) inspections of accredited training facilities to ensure that the facility is adequate to deliver an appropriate standard of training for ACSEP Registrars.

This guide will assist you in the inspection of an ACSEP training practice and in your determination as to whether accreditation should continue.

### Inspection of Training Facility

ACSEP will provide the appointed inspector(s) with relevant previous documents relating to the practice, including trainee feedback information and accreditation application forms. The purpose of



the visit is to ensure that the physical facilities are adequate and that the systems related to training of Registrars are satisfactory for the purpose.

## **A. Physical Infrastructure to be Inspected**

### **1. General Overview of the Practice**

- Adequate waiting room facility
- Adequate receptionist support for provision of medical services and teaching activities
- General cleanliness
- Adequate procedure room (for casting, suturing, compartment pressure testing, ultrasound guided injection) as relevant
- Adequate storage for medical disposables
- Appropriate storage of Medical Records
- Easy access for Registrar-Supervisor interaction

### **2. Consulting Room**

- Adequate space to conduct professional consultations
- Appropriate wash-basin for cleaning hands between consultations
- Appropriate desk, examination couch, patient chairs, bookshelves
- Appropriate information technology facilities including computer with internet access to enable
  - Remote access
  - Participation in webinars
  - Use of latest online educational resources – access to journals
  - Imaging viewing
- X-ray viewing board
- Appropriate facility for disposal of medical waste and sharps
- General cleanliness and tidiness
- Access to appropriate medical equipment such as stethoscope, ophthalmoscope, auriscope, sphygmomanometer etc.
- Access to appropriate room for tutorials with out of hours' access

## **B. Individuals to be Interviewed**

- Clinical Training Supervisor(s)
- Practice Principle (if different from CTS)
- Other Fellows in practice
- Other non-Fellow medical practitioners (if applicable)
- Allied health professionals (if applicable)
- Registrars
- Reception staff, practice manager



- It is suggested that a minimum of three and a maximum of five interviews be conducted during any one training site accreditation visit

Interviewees are asked appropriate interview questions for their role, mapped against the ACSEPCPMC Site Accreditation Summary Template Form, (which can be filled out online prior to the visit by the Accreditation Officer(s))

Questions will relate to the following standards

1. Governance, Safety and quality assurance
  - a. Training site has clear governance structures which support improved safety and quality, education and training, workplace health, safety and welfare of Registrars as well as Registrar participation in governance
    - i. There is a formal and structured orientation process for new Registrars
    - ii. Expectation of Registrar hours and how these hours are structured
      1. Registrar contract / memorandum of understanding
      2. Consistent roster with safe and equitable work hours
      3. Allows for
        - a. Structured tutorials
        - b. Research activities
        - c. Unstructured learning and reading
    - iii. Practice to have appropriate policies to ensure compliance with relevant OHS policies and legislation
      1. Sterilisation procedures
      2. Disposal of biological waste / sharps / needle policy
      3. Emergency / Fire / evacuation protocols
      4. Workplace safety / injury policy
  - b. Registrar management structures are effective
    - i. Clear processes for Registrar to express concerns and / or grievances
    - ii. Supervisors to be familiar with ACSEP “Registrar in Difficulty” policies
    - iii. Effective communication between Supervisors and Registrars, and with Administrative staff
    - iv. Registrar to have a mentor, external to training practice
  - c. Appropriate quality assurance processes in place
    - i. Practice to have processes for monitoring and reviewing adverse events
      1. Clinical audit / Quality assurance
        - a. Registrar expected to be involved in this process
    - ii. Supervisors are ACSEP Fellows who
      1. Attend regular Peer Review sessions
      2. Attend ACSEP Supervisor training sessions
      3. Engage and are compliant with Continuing Professional Development
2. Infrastructure, facilities and educational resources
  - a. As listed above in A2.



3. Training site staffing and supervision
  - a. Appropriate staff to ensure effective supervision of Registrar at all times appropriate to requirement of year of Registrar training
    - i. Appropriate numbers of staff with expertise and clear roles and responsibilities to ensure effective supervision of Registrar
    - ii. Appropriate administrative support within training practice
  - b. Physical facilities should optimise Registrar training
  - c. Practice to have formalised Clinical Supervision policies
    - i. Appropriate time for Supervisor / Registrar supervision / teaching interaction
  - d. Supervisors to have appropriate authority to fulfil their role
4. Provision of clinical experience and work that is relevant
  - a. Appropriate breadth and volume of clinical experience relevant to the training program and stage of training
  - b. College to provide adequate administrative and educational support for supervisors through Clinical Training Supervisor online module
  - c. Registrar to meet with the State Training Coordinator every 6 months
  - d. Training site to take into account need for continuity of care
5. Education, training, teaching and learning opportunities
  - a. Must be targeted toward competency requirements in the curriculum and enable exposure to the breadth of experience in the learning environment
  - b. Registrar to have the opportunity to experience
    - i. multidisciplinary case discussions
    - ii. learning in multiple settings including
      1. team care
      2. interaction with other speciality / allied health educational activities
      3. medical imaging meetings
      4. surgical assisting
  - c. Registrar to receive guidance in relation to
    - i. Professional attributes such as
      1. Ethical behaviour
      2. Professional courtesy
      3. Cultural and social competency
      4. Punctuality
    - ii. Non-academic skills
      1. Working as part of a team
      2. Communication skills
      3. Record keeping including dictation of letters
  - d. Registrar to have opportunity for contemplation of difficult cases, deep learning and reflection
  - e. Teaching time to be quarantined and protected
  - f. Registrars to be able to get to teaching sessions
  - g. Registrars able to utilise technology to attend educational sessions remotely
  - h. Opportunities for collaboration between different specialities to enhance education



6. Clinical support services and equipment to provide the speciality service
  - a. Information on, access to and collaboration with relevant supporting services and specialities including
    - i. Allied Health
    - ii. Imaging
    - iii. Pathology
    - iv. Emergency Department
    - v. Orthopaedics
    - vi. Other specialities / diagnostic services
  - b. Equipment
    - i. Appropriate, up-to-date equipment specific to the speciality available in the practice to assist with Registrar training
      1. Medical equipment
      2. Imaging viewing devices / software
      3. Ultrasound machines
      4. ESWT machines
      5. Injection equipment and supplies
    - ii. Registrar to receive appropriate training on how to use equipment guided by specific, documented practice protocols
7. Research opportunities are promoted and facilitated
  - a. Training site is involved in research projects and / or supports speciality specific research activity by Registrars
  - b. Opportunities to be provided for Registrars to present research

### **Final Visit Meeting**

After completing the inspection and interviews, the inspector(s) should have a final brief meeting with the Supervisor and Practice Principle to clarify any areas of uncertainty or to explore further any areas of concern

### **Post-Visit Report**

Accreditation Team Members should use the relevant site visit forms to make their own notes during the visit. It is suggested that the team members then collaborate to complete the ACSEP-CPMC Site Accreditation Summary Template Form. This should be returned to the College office within two weeks of the accreditation visit.

The Chair of the Accreditation Committee should write to the practice, informing the Supervisor of the outcome of the visit, including any recommendations for improvement.