



AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

ACCREDITATION STANDARDS FOR TRAINING SITES

Jan 2026

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| 1.1 | Accreditation Committee | 22 May 2024 | |
| 1.2 | Accreditation Sub-Committee | 2 February 2026 | Amended to include AMC requirements. |
| | Workforce and Accreditation Committee | 3 February 2026 | |
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Introduction

The Australasian College of Sport and Exercise Physicians (ACSEP) is accredited to train doctors in the specialty of Sport and Exercise Medicine by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ). ACSEP is responsible for delivering and managing training, education and on-going professional development of Sport and Exercise Physicians in Australia and New Zealand.

The majority of ACSEP training is delivered in private practice. The ACSEP accreditation process is in place to ensure all ACSEP practices wishing to host an ACSEP registrar are accredited against clear standards and guidelines. The standards and guidelines are comprised of agreed domains, standards and criteria developed by the Committee of Presidents of Medical Colleges (CPMC) and adapted to the unique ACSEP training environment.

The standards and guidelines are in place to ensure the health, welfare and interests of registrars are promoted, trainees have the appropriate knowledge, skills and supervision to deliver quality patient care and that accredited practices support a wide range of educational and training opportunities aligned to the curriculum requirements.

Governance

The ACSEP Accreditation Sub-committee is responsible for accrediting practices against the ACSEP Accreditation Standards and makes recommendations to the ACSEP Workforce and Accreditation Committee regarding accreditation outcomes.

Eligibility

Settings practicing Sport and Exercise Medicine that can provide ACSEP registrars with a minimum of 4 hours per week of Level 1 Supervision from an ACSEP Fellow are eligible to apply to become an ACSEP Accredited Training Practice.

During training, ACSEP Registrars may also train in diverse settings that are not required to undergo ACSEP accreditation including sporting teams, public and private hospitals, and private rooms in physiotherapy or General Practice clinics. For a Registrar to work within a non-accredited practice, they need to ensure they have suitable off-site supervision from an ACSEP Fellow.

Roles and responsibilities

The following groups are involved in the accreditation process:

| Role | Accreditation responsibilities | Composition |
|---------------------------------------|--|---|
| College | | |
| ACSEP Board | <ul style="list-style-type: none">Makes final decision regarding refusal or revocation of accreditation. | ACSEP Board members |
| Workforce and Accreditation Committee | <ul style="list-style-type: none">Providing strategic oversight and approval of recommendations from the accreditation review processes, ensuring that training sites meet the ACSEP Accreditation Standards.Endorsing accreditation and re-accreditation decisions, including mid-cycle reviews, based on reports and evaluations conducted by relevant subcommittees and accreditation assessors. | ACSEP Workforce and Accreditation Committee members |

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Setting the strategic direction for accreditation policies, processes, and documentation to uphold the highest standards of training quality and cultural safety. • Approving updates to accreditation standards in alignment with regulatory requirements and emerging best practices in SEM education. • Advising the Board on accreditation-related trends, risks, and opportunities to expand training capacity and improve site quality. | |
| Accreditation Sub-committee | <ul style="list-style-type: none"> • Makes recommendations to the Workforce and Accreditation Committee regarding accreditation outcomes. • Monitors accredited and conditionally accredited training settings to ensure they continue to meet the accreditation standards and any conditions that have been imposed. • Reviews and improves the effectiveness of accreditation policies, systems and procedures. • Provides advice (as required) to the Board on accreditation matters. | Accreditation Sub-committee members |
| Accreditation team | <ul style="list-style-type: none"> • Reviews evidence to determine whether a training setting meets the Accreditation Standards. • Provides an overall recommendation to the Accreditation Committee on whether a training setting should be accredited. • Writes the accreditation report detailing the recommended decision, performance against each standard, areas for commendation and quality improvement recommendations, and any conditions on accreditation. | ACSEP Fellow ACSEP Staff member (Quality Coordinator) |
| College Accreditation Secretariat | <ul style="list-style-type: none"> • Collates documentation for accreditation team. • Makes arrangements to support the accreditation assessment (e.g. scheduling of interviews). • Advises the lead accreditor on the application and interpretation of the Accreditation Standards and processes. • Coordinates the Accreditation Sub-committee. • Ensures the report of the Accreditation Team’s assessment is submitted to the Accreditation Committee for consideration. • Records minutes and outcomes of relevant meetings. • Maintains an up-to-date record of training settings, including accreditation conditions and status. | ACSEP Staff member (Quality Coordinator) |
| Training Setting | | |

| | | |
|--|--|--|
| Training Setting Lead Contact | <ul style="list-style-type: none"> • Liaises with college on all relevant matters such as dates, interviews, distribution of information etc. • Ensures that all relevant evidence is collated to demonstrate the setting is meeting the standards. • Submits applications for accreditation/reaccreditation of the setting. • Works with College Accreditation Secretariat to support the accreditation assessment (e.g. logistics of interviews) • Provides additional information/evidence as required. • Reviews the draft accreditation report and provides feedback. • Communicates the outcomes of accreditation to trainees, supervisors and other relevant stakeholders at the training setting. • Facilitates oversight of implementation of actions to meet any conditions on accreditation • Provides monitoring submissions as defined by the college. | Identified staff member at the training setting, normally the CTS or Practice Manager. |
| Other staff (Supervisors, administrators, registrars) | <ul style="list-style-type: none"> • Provide information to support the accreditation assessment, including: <ul style="list-style-type: none"> ○ responding to relevant surveys ○ participating in accreditation interviews. | TBA |

Accreditation Process

Application for New Accreditation

1. Before applying for accreditation, Clinical Training Supervisors (CTS) should familiarise themselves with requirements by reviewing the following:
 - [ACSEP Training Manual](#)
 - ACSEP Accreditation Standards
2. Complete Application for ACSEP Training Practice Accreditation form and return this to nationaloffice@acsep.org.au.
3. ACSEP Staff will contact the practice to schedule the following interviews

| Interviewee | Interviewer/s | Time Allocation | Modality |
|-------------------------|---|-----------------|---------------------------|
| CTS | Accrediting ACSEP Fellow & National Office staff member | 45 mins | On-site visit or via Zoom |
| Practice Manager | National Office staff member | 30 mins | On-site visit or via Zoom |

4. The practice is asked to send through evidence (if available) of meeting accreditation standards, such as policies, procedures, employment templates, etc. outlined in ACSEP Accreditation Standards at least one week prior to the interviews.
5. Following the accreditation interviews and site visit (if applicable), the accreditation team will assess the practice against the standards to determine whether these have been **Met**, **Substantially Met** or **Not Met**.
6. The draft report with the proposed accreditation outcome, including findings and recommendations will be sent to the relevant training practice for review prior to being circulated to the ACSEP Workforce and Accreditation Committee. The practice will be given 10 business days to provide feedback or raise any concerns.
7. If concerns about the report are raised, these will be provided to the accreditation team for consideration.
8. A recommendation for an accreditation outcome will be provided to the ACSEP Workforce and Accreditation Committee for consideration.
9. The accreditation outcome and report will be provided to the clinic via email following a decision by the ACSEP Workforce and Accreditation Committee.
10. The training site may apply for a reconsideration, review or appeal of the accreditation outcome in accordance with [P019 – Reconsideration, Review and Appeals Policy](#).

Reaccreditation of a Practice

1. Prior to the due date for reaccreditation, ACSEP Staff will contact the practice to schedule the following interviews:

| Interviewee | Interviewer/s | Time Allocation | Modality |
|------------------|---|-----------------|---------------------------|
| CTS | Accrediting ACSEP Fellow & National Office staff member | 45 mins | On-site visit or via Zoom |
| Registrar | Accrediting ACSEP Fellow & National Office staff member | 45 mins | On-site visit or via Zoom |
| Practice Manager | National Office staff member | 30 mins | On-site visit or via Zoom |

2. The practice is asked to send through available evidence (if available) of meeting accreditation standards, such as policies, procedures, employment templates, etc. outlined in ACSEP Accreditation Standards at least one week prior to the interviews.
3. Following the accreditation interviews and site visit (if applicable), the accreditation team will assess the practice against the standards to determine whether these have been **Met**, **Substantially Met** or **Not Met**.
4. The draft report with the proposed accreditation outcome, including findings and recommendations will be sent to the relevant training practice for review prior to being circulated to the ACSEP Workforce and Accreditation Committee. The practice will be given 10 business days to provide feedback or raise any concerns.
5. If concerns about the report are raised, these will be provided to the accreditation team for consideration.

6. A recommendation for an accreditation outcome will be provided to the ACSEP Workforce and Accreditation Committee for consideration.
7. The accreditation outcome and report will be provided to the clinic via email following a decision by the ACSEP Workforce and Accreditation Committee.
8. The training site may apply for a reconsideration, review or appeal of the reaccreditation outcome in accordance with [P019 – Reconsideration, Review and Appeals Policy](#).

Accreditation Findings

Each criterion in the Accreditation Standards will be assessed and given one of the following findings:

| Finding against criterion | Definition |
|---------------------------|--|
| Met | There is evidence that the criterion has been fully met. |
| Substantially met | Some but not all aspects of the criterion have been met. For example, there is alignment of policy/intent, but evidence of delivery is not yet available, or there is some misalignment of policy/intent that needs to be addressed. |
| Not met | The criterion has not been met i.e. there is a gap or significant misalignment of outcome or policy with the criterion. |

The Accreditation Team will record the rationale for its decision and any other comments in the draft report.

The accreditation report also allows for the inclusion of conditions and recommendations. Conditions are a qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe, whilst recommendations are intended to support continuous improvement. Unlike conditions, training settings are not required to act on a recommendation, however acting on the recommendation demonstrates a commitment to quality improvement.

Decision-making processes

Decision making is driven by the following principles:

- Accreditation is focused on the training setting's ability to deliver the training program and to provide a safe learning environment for trainees.

- Accreditation findings and decisions relate to the accreditation standards and do not extend to areas outside of this scope.
- Accreditation decisions will be risk based and proportionate.
- A consistent approach is used for assessing risk and determining the accreditation outcome and any subsequent actions, using the risk assessment framework for accreditation (see Accreditation Risk Matrix and Risk Rating Outcomes below).
- Where an urgent response to an issue is required to protect a registrar’s health and safety, the college will communicate the matter appropriately to the accredited training setting/provider to allow for all parties to meet their workplace health and safety obligations. If this includes actions that affect the trainee’s engagement (for example, removing the registrar from the risk by providing immediate leave, moving the registrar to another setting), the parties will cooperate and coordinate actions to allow this to occur, noting that the agreement of the college, training site and registrar will be needed.

Accreditation Risk Matrix and Risk Rating Outcomes

Where a training setting has a finding of ‘met’ for all criteria within the standards, accreditation will be granted.

Where a training setting has a finding of ‘substantially met’ or ‘not met’ for any criteria within the standards, a risk assessment will be conducted (using the Accreditation Risk Matrix at Figure 2). The outcome of this assessment will guide the college’s response and accreditation decision.

The Accreditation Risk Matrix (Figure 2) is used to determine the level of risk based on reviewing the totality of the criteria that are substantially met and not met against the following dimensions:

- the **impact** on training at the training setting, noting that this has consequences for patient safety. This includes considering the impact on current and future trainees.
- the **likelihood** that actions will be implemented to meet the criterion/a within a reasonable period.

Likelihood of the training setting/training provider being ABLE to implement actions to meet the criterion/criteria within a reasonable period

| | Rare | Unlikely | Possible | Likely | Almost certain |
|--------------------|---------|----------|----------|--------|----------------|
| Impact on training | | | | | |
| Insignificant | Low | Low | Low | Low | Low |
| Minor | Medium | Medium | Low | Low | Low |
| Moderate | High | High | Medium | Low | Low |
| Major | Extreme | High | High | Medium | Low |
| Severe | Extreme | Extreme | High | Medium | Medium |

Figure 1 – Accreditation Risk Matrix

The college will use the risk rating in the Accreditation Risk Matrix to help guide the accreditation approach, outcome and monitoring requirements (see Risk Rating Outcomes at Figure 2 below). Conditions may be provided at the individual criterion level or address multiple criteria. The college will determine what monitoring activities and contact is required based on the risk assessment outcomes.

| Risk Rating | Approach | Outcome | |
|--------------|--|--------------------------|--|
| | | New Settings | Existing settings |
| Low risk | <ul style="list-style-type: none"> Determine if conditions are required. Where they are required: <ul style="list-style-type: none"> impose conditions against the criteria outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. Will likely require some 'light touch' monitoring and there might be more flexibility on timelines for the condition to be met (e.g. within 6-12 months). There will likely be limited need for ongoing review or intervention. | Provisionally Accredited | Accredited OR Conditionally accredited |
| Medium risk | <ul style="list-style-type: none"> Impose conditions against the criteria. Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. May require a more formal monitoring approach with specific timelines for completion (e.g. within 6 months). This might include more than one review point to check in on progress towards meeting the conditions. | Provisionally Accredited | Conditionally accredited |
| High risk | <p>New setting: Do not grant accreditation (accreditation is refused).</p> <p>Existing setting:</p> <ul style="list-style-type: none"> Impose conditions against the criteria. Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. Due to the high-risk nature of the criteria that have not been met, the timeframes for demonstrating progress may need to be shorter and more rigorous than for medium risk (e.g. within 3 months). | Not accredited (refused) | Conditionally accredited |
| Extreme risk | <p>New setting: Do not grant accreditation (accreditation is refused).</p> | Not accredited (refused) | Not accredited (revoked) |

| Risk Rating | Approach | Outcome | |
|-------------|---|--------------|-------------------|
| | | New Settings | Existing settings |
| | <p>Existing setting: Move to revoke accreditation.</p> <ul style="list-style-type: none"> • Outline what requirements must be met in the future to be considered for accreditation/reaccreditation, including timeframes for showing progress. • Note: For existing settings, colleges may take an active management approach with the training setting to help it take immediate steps to lower the risk which in turn moves the setting back to a conditionally accredited pathway rather than revocation. The situation should be carefully deliberated between the college, training setting and training provider, noting that each case will be different. | | |

Figure 2 – Risk Rating Outcomes

Accreditation outcomes

The period for which accreditation will be granted is outlined below.

| Decision | Alignment to risk framework | Duration of accreditation awarded and any other impacts |
|-----------------------------------|--|--|
| New training settings | | |
| Provisionally accredited | <p>A new training setting that:</p> <ul style="list-style-type: none"> meets all of the accreditation criteria OR does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place. The overall risk assessment is rated as low or medium with conditions required. | <p>Provisionally accredited for up to 12 months, subject to satisfactory routine monitoring and a check-in with the CTS and registrar.</p> <p>The setting can appoint registrars but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. At this point, training settings will be considered an 'existing training setting' for accreditation purposes.</p> <p>If no registrars are appointed within 12 months, the college will decide if provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, the college will determine if the setting is required to submit a new accreditation application before registrars can be appointed.</p> |
| Not accredited (refused) | <p>A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.</p> | <p>Accreditation not granted.</p> <p>Any requirements that must be met in the future will be outlined. Once requirements have been met, the setting may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.</p> |
| Existing training settings | | |
| Accredited | <p>An existing training setting that:</p> <ul style="list-style-type: none"> meets all of the accreditation criteria OR does not meet all of the accreditation criteria but the overall risk assessment is rated as low and it has been determined conditions are not required. | <p>Accredited for five years, subject to satisfactory routine monitoring submissions.</p> |
| Conditionally accredited | <p>An existing training setting that:</p> <ul style="list-style-type: none"> does not meet all of the accreditation criteria and the | <p>Accredited for 12 months to 5 years, depending on the severity of the risk and:</p> |

| Decision | Alignment to risk framework | Duration of accreditation awarded and any other impacts |
|--|--|---|
| | <p>overall risk assessment is rated as low, medium or high with conditions required.</p> | <ul style="list-style-type: none"> • conditions being addressed within the defined timeframe • satisfactory routine monitoring submissions • meeting any other specific monitoring requirements. |
| <p>Not accredited (revoked)</p> | <p>An existing training setting that:</p> <ul style="list-style-type: none"> • does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. <p><i>Note: this accreditation outcome would be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage the training setting to a conditionally accredited pathway have been unsuccessful.</i></p> | <p>Accreditation not granted.</p> <p>Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address. The date the accreditation will be revoked will be set. Prior to this, registrars may continue to complete their training term at the setting unless their safety is at immediate risk. From the revocation date:</p> <ul style="list-style-type: none"> • registrars at the setting will not be able to count training towards their training program unless specific arrangements are made • no new registrars can be appointed. <p>A new application for accreditation must be submitted once requirements have been met (the setting must also be continuing to meet all other accreditation criteria at the time of submitting the application).</p> |

On-going monitoring and Review of Accredited practices

The standard accreditation cycle is five years. Accredited clinics will be required to undergo reaccreditation after five years.

Once accreditation has been granted, all training settings will be monitored.

Routine Monitoring

- ensures a training setting is continuing to comply with the standards
- ensures the training setting is progressing towards meeting any conditions and picks up on non-compliance with any conditions set (the type and frequency of monitoring requirements will depend on the assessment of risk associated with non-compliance with the standards)
- helps detect any potential new issues between accreditation assessments
- provides proactive guidance to training settings experiencing challenges
- identifies and acknowledges high-performing settings.

The college undertakes the following monitoring activities:

| Type of monitoring | Activity | Frequency |
|---|---|---|
| Routine monitoring (all settings) | Review of trainee survey data | Annually |
| | Review of the changes at the training setting that could impact effective and safe delivery of training programs, including: <ul style="list-style-type: none"> • changes to a training setting’s services, support, resources, infrastructure or opportunities. • changes to a training setting’s governance and management. • increases in trainee numbers and/or decreases in supervisor numbers. • revisions to the training program. • the absence of staff or roles which impact training and have been left vacant for an extended period. • roster changes which alter access to supervision and/or training opportunities. • anything that could impact the training setting’s integrity or capacity to deliver the training program. | Responsibility of training setting to proactively provide this information to the college when it occurs, it will then be reviewed. |
| | Review of relevant data/information such as logbooks, workplace-based assessments, complaints etc. | Every 6 months |
| Additional specific monitoring | Request for additional monitoring reports from training setting and review of how it is progressing with meeting conditions. | As set out in the accreditation report. |
| | Review of training setting data held by the college relevant to monitoring progress against conditions. | As required, set out in the accreditation report where possible. |
| | Meeting with the training setting to assess progress against conditions. | As required. |
| | Check-in with CTS and trainee. | During 12-month Provisional Accreditation period for new training sites. |
| | Request for information and/or meeting with the training setting based on a specific issue/concern that has been raised (e.g. direct feedback from training supervisors or other clinicians, lodged complaint(s), correspondence or media articles). | As required. |
| | Review of relevant training setting data. | As required. |

| Type of monitoring | Activity | Frequency |
|--------------------|--|---|
| | Conduct of virtual, on site or hybrid site visit(s). | <p>As set out in the conditions of the accreditation report. Where the college is not satisfied imposed conditions are being addressed within a reasonable period of time.</p> <ul style="list-style-type: none"> • Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards. • This may be a focused assessment, looking at specific criteria or conditions rather than all. |
| | Conduct of a full, unscheduled accreditation assessment. | <ul style="list-style-type: none"> • Where the college is not satisfied imposed conditions are being addressed within a reasonable period of time. • Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards. |

Monitoring changes and conditions

The college will review information gained from monitoring activities, including any information sent by training settings, and decide if the risk rating of a criterion should be reviewed and if conditions have been met. The college may also ask for more information or activities to help inform decisions.

Resulting from this, the Workforce and Accreditation Committee may change the training setting's accreditation status, as follows:

- if all criteria are now 'met', the training setting will move from 'conditionally accredited' to 'accredited'.
- If one or more criterion that were previously met are now 'substantially met' or 'not met' or a condition has not been met within the required timeframe or is unlikely to be met within the required timeframe (e.g. no work has started on it), a risk assessment will be completed (section 8). The risk assessment result will inform next steps, which may include imposing further conditions, extending the timeline of existing condition(s) and conditional accreditation, changing the scope of the existing condition(s) or moving to revoke accreditation. The monitoring requirements for these will also be outlined.

The training site will be notified if there is a change to its accreditation status or conditions.

Training sites are required to advise the college if there are any changes that may impact the accreditation status of the site, including substantial changes to supervision arrangements, major changes to the facilities or additional satellite sites. This may result in a review of the training site's accreditation status to ensure that the accreditation standards continue to be met.

Mid-cycle review

In the third year of a practice's five-year accreditation cycle, the Accreditation Sub-committee will undertake a mid-cycle review of the practice. This involves sending a survey to current registrars at the practice and the immediate past registrars at the practice to assess their satisfaction with the post and identify any potential issues.

If issues are identified during the mid-cycle review the Accreditation Sub-committee will contact the practice for a response initially and may undertake further investigations which could result in a change to the accreditation status of the practice. The Accreditation Sub-committee may also escalate the issue to the ACSEP Training Committee or ACSEP Workforce and Accreditation Committee, if required.

Changes impacting accreditation status

Accredited practices must notify the College if there are significant changes during their accreditation cycle which could impact their accreditation status, including but not limited to:

- Reduction in supervision capacity
- Relocation to another site or significant changes to facilities
- Significant changes in policies/processes that impact registrars' safety, welfare and/or training.

Revocation of Accreditation

The ACSEP Board may revoke accreditation if a practice is found to be not meeting accreditation standards and is deemed to be a high risk. The practice will be provided with details of the reasons why this decision is being proposed and provided with an opportunity to respond prior to a final decision being made.

The college will work with the relevant training setting/training provider to develop a plan and support pathway for impacted trainees and any other relevant matters as soon as the setting/provider receives the draft report outlining there is a possibility of accreditation being revoked. The plan will consider how any actions resulting from the accreditation being revoked will support duty of care and continuity of training for trainees, as well as impacts on the service delivery obligations of the training provider.

Appeals process for practices

Practices seeking a reconsideration, review or appeal of any decisions made regarding their accreditation as a training practice should refer to [P019 Reconsideration, Review and Appeals Policy](#).

ACSEP Accreditation Standards

| Domain 1: The Practice promotes the health, welfare and interests of registrars | | |
|--|---|--|
| Standard 1.1: Governance, safety and quality assurance | | |
| Criteria | Guidance | Examples of evidence |
| <p>1.1.1: There is a formal and structured orientation process for new registrars. <i>The practice provides registrars with an orientation to the practice and training post before they commence.</i></p> | <p>Accredited practices must provide new registrars with an orientation.</p> <p>The orientation process could include:</p> <ul style="list-style-type: none"> • Introductions to key practice personnel; • Discussions about the expectations of the practice with opportunities for registrars to ask questions; • Details of the formal/informal teaching and supervision provided; • Orientation to the practice layout, facilities and services; • Training in how to use the practice’s software and IT system; • Information about any relevant multidisciplinary supporting services including allied health, imaging, pathology, emergency services, orthopaedics, other specialties/diagnostic services. • Provision of the practice’s policies and procedures ; • Information about any additional support available for registrar. | <ul style="list-style-type: none"> • Orientation procedure documentation (e.g., procedure; checklists etc.) • Feedback from registrar/s • Description of orientation processes. |

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| <p>1.1.2: The practice provides safe and equitable work hours that allow registrars to meet the requirements of the ACSEP Training Program. <i>Registrars' roster should be consistent, with safe and equitable working hours that allow for structured tutorials, research activities, unstructured learning and reading.</i></p> | <ul style="list-style-type: none"> • Accredited practices must have a written agreement or employment contract with the registrar. • The rostering process must allow registrars to meet the requirements of the ACSEP Training Program whilst maintaining an appropriate work/life balance. | <ul style="list-style-type: none"> • Copy of the agreement/contract between the clinic and registrar • Example of registrar roster/appointment book covering a period of at least one month • Description of rostering process • Feedback from the registrar |
| <p>1.1.3: The practice supports the workplace health, safety and welfare of registrars. <i>The practice provides a working environment that is free from discrimination, bullying or harassment, is both physically and culturally safe and supports the registrar's health and wellbeing.</i></p> | <ul style="list-style-type: none"> • Accredited practices must provide a safe workplace, with processes in place for identifying and managing health and safety risks. • Accredited practices <u>must</u> have a code of conduct or policy to prevent and manage bullying, harassment and discrimination. • The registrar is encouraged to see their own GP. • The social, family and cultural circumstances of the registrar are considered in relation to training activities. | <ul style="list-style-type: none"> • Copy of relevant policies and procedures relating to workplace safety/injury, disposal of biological waste/ sharps, emergency evacuation, cultural safety etc. • Copy of the bullying, harassment and discrimination policy or code of conduct. • Feedback from the registrar/s. • Confirmation of the registrar's external mentor. • Description of any other support services available to the registrar. |
| | <p>Accredited practices must ensure that they provide culturally safe workplaces and services.</p> <p>The ACSEP Indigenous Health Advisory Committee recommends that practices institute the following measures:</p> <ul style="list-style-type: none"> • Recognise and acknowledge traditional owners and local history. • Record ethnicity data as part of clinical practice. • Nominate a cultural advisor for the practice. | <ul style="list-style-type: none"> • Clinics are encouraged to share examples of any relevant initiatives. |

| | | |
|---|---|---|
| | <ul style="list-style-type: none"> • Develop a plan to improve specific outcome/s for Indigenous patients • Develop a plan to increase numbers of Indigenous staff and contractors. | |
| <p>1.1.4: The practice has effective registrar management structures. <i>The practice facilitates effective communication between supervisors, registrars and administrative staff and has processes in place to resolve any issues that may arise.</i></p> | <ul style="list-style-type: none"> • Supervisors are required to read the “ACSEP Registrar Performance Feedback Policy”. • There are clear processes in place for registrar/s and other staff to express any concerns and grievances. • Registrars are provided with regular informal and formal feedback. | <ul style="list-style-type: none"> • Documented or described process for raising and managing staff concerns or grievances. • Feedback from registrar regarding communication with supervisors and administration staff. |
| <p>1.1.5: The practice has appropriate quality assurance processes in place with opportunities for registrar participation in governance. <i>The practice has strong clinical governance and quality assurances, supported by an ACSEP Fellow in the role of Clinical Training Supervisor. Registrars participate in governance and decision-making processes when appropriate.</i></p> | <ul style="list-style-type: none"> • Accredited practices must have processes in place for monitoring and reviewing adverse events with opportunities for registrar involvement. • Practices are encouraged to undertake quality improvement activities such as clinical audits, with opportunities for registrar involvement. | <ul style="list-style-type: none"> • Documented or described process for monitoring and reviewing adverse events. • Documented evidence of clinical audit and/or other quality assurance activities. • Description of registrar’s involvement in quality assurance activities. |
| Standard 1.2: Infrastructure, facilities and educational resources | | |
| Criteria | Guidance | Examples of evidence |
| <p>1.2.1: Registrars have access to appropriate educational resources. <i>The practice ensures registrars have access to educational resources that support them in meeting the requirements of the ACSEP Training Program.</i></p> | <ul style="list-style-type: none"> • Registrars must be given time to attend weekly tutorials. • Registrars have access to a computer and internet to access the ACSEP online modules and attend online tutorials remotely. | <ul style="list-style-type: none"> • Registrar’s diary or schedule showing that weekly tutorial time has been quarantined. |

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| <p>1.2.2: The practice provides a physical environment that supports registrars. <i>The practice has infrastructure and facilities that optimise registrar training.</i></p> | <p>The practice has a high standard of cleanliness with adequate:</p> <ul style="list-style-type: none"> • Reception and administrative support; • Space to conduct professional consultations; including washbasin, desk, examination couch, patient chairs etc.; • Facilities for the safe disposal of medical waste and sharps; • IT facilities including computer, monitor (with appropriate screen resolution for image viewing), internet access and software that allows remote access to records securely; • Facilities for secure destruction of confidential documentation; • Accessibility for supervisors/registrar interactions. • Accessibility for supervisors/registrar interactions. | <ul style="list-style-type: none"> • Inspection of facilities (in-person or via video link) • Feedback from Supervisors, administrators and registrars. |
| <p>DOMAIN 2: The practice ensures registrars have the appropriate knowledge, skills and supervision to deliver quality patient care</p> | | |
| <p>STANDARD 2.1: Practice staffing and supervision</p> | | |
| <p>Criteria</p> | <p>Guidance</p> | <p>Examples of evidence</p> |
| <p>2.1.1: The registrar is supervised by an ACSEP Fellow who meets the Clinical Training Supervisor requirements. <i>Registrars should have access to a Clinical Training Supervisor at all times while training in an accredited SEM Practice. Supervisors understand their responsibilities and are supported in their supervisory role.</i></p> | <p>The ACSEP Fellow meets the Clinical Training Supervisor (CTS) requirements, including:</p> <ul style="list-style-type: none"> • Regular attendance at Peer Review Sessions; • Completion of ACSEP Clinical Training Supervisor eLearning Module; • Compliance with Continuing Professional Development requirements. • Knowledge of the ACSEP Training Program and curriculum. | <ul style="list-style-type: none"> • Supervisor’s confirmation of involvement in Peer Review Sessions. • College CPD and LMS records. • Feedback from registrar and supervisor. |

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| | <ul style="list-style-type: none"> • Communication with the Zone Training Coordinator. | |
| <p>2.1.2: There are appropriate staff to ensure effective supervision of the registrar at all times in accordance with the registrars' year level of training. <i>The practice ensures registrars receive appropriate supervision when they are with a patient.</i></p> | <ul style="list-style-type: none"> • The registrar/s receive the amount of Level 1 CTS Supervision required for their year level (refer to the ACSEP Training Manual). | <ul style="list-style-type: none"> • Example of a supervisor's roster covering a period of at least one month. |
| STANDARD 2.2 The provision of clinical experience and work is relevant | | |
| Criteria | Guidance | Examples of evidence |
| <p>2.2.1: The practice provides the appropriate breadth and volume of clinical experience. <i>The practice provides an appropriate patient load and casemix for the registrar's level of knowledge and skills, progressing to more challenging patients as experience increases.</i></p> | <ul style="list-style-type: none"> • Registrar/s see an appropriate number of patients each day with a varied casemix. • The practice assists with marketing activities for the registrar, including an up-to-date profile on the website and opportunities for the registrar to promote their services and build their referral base. • The practice considers the need for continuity of care. | <ul style="list-style-type: none"> • Registrar's logbook. • De-identified ACC Billings (NZ Registrars). |
| DOMAIN 3: The Practice supports a wide range of educational and training opportunities aligned to the curriculum requirements | | |
| STANDARD 3.1: Education, training, teaching and learning opportunities | | |
| Criteria | Guidance | Examples of evidence |
| <p>3.1.1: The practice provides registrars with education and guidance in relation to the fundamental competencies of the ACSEP curriculum, including professional attributes and non-academic skills.</p> | <p>Teaching time is quarantined and protected.</p> <p>Registrars are given feedback and guidance on all aspects of the curriculum, including non-clinical skills such as:</p> <ul style="list-style-type: none"> • Communication skills | <ul style="list-style-type: none"> • Registrars' weekly schedule/roster with time quarantined for tutorials and teaching. • Description of the practice's approach to guiding registrars in fundamental competencies and key non-clinical skills. |

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| <p><i>Clinical Training Supervisors provide registrars with advice, feedback and teaching, including regular case reviews and education sessions.</i></p> | <ul style="list-style-type: none"> • Collaboration and working as part of a team • Leadership and management • Health advocacy • Research, teaching and learning • Professionalism • Cultural awareness and safety • Record keeping and dictation of letters • Ethical behaviour. | <ul style="list-style-type: none"> • Feedback from the registrar. |
| <p>STANDARD 3.2 Multidisciplinary clinical support services and equipment</p> | | |
| <p>Criteria</p> | <p>Guidance</p> | <p>Examples of evidence</p> |
| <p>3.2.1: Information on, access to and collaboration with relevant services and specialties to support the delivery of the specialty service. <i>Registrars have access to relevant multidisciplinary services and opportunities to experience learning in multiple settings.</i></p> | <p>Registrars are provided with information on and access to multidisciplinary services, including opportunities to collaborate with and gain experience in different settings when possible.</p> <p>This may include:</p> <ul style="list-style-type: none"> • Multidisciplinary case-based discussions. • Team care • Interaction and collaboration with other specialties. • Allied health educational activities. • Medical imaging meetings. • Surgical assisting. | <ul style="list-style-type: none"> • Description of multidisciplinary services available and the registrars' involvement with these. |
| <p>3.2.2: Equipment is available to provide the specialty service <i>Appropriate up-to-date equipment specific to the specialty is available in the practice and registrars receive appropriate training on how to use equipment.</i></p> | <ul style="list-style-type: none"> • Registrars are provided with appropriate training on how to use equipment guided by specific, documented practice protocols. | <ul style="list-style-type: none"> • Description of equipment used at the practice (e.g., ultrasound machines, Extracorporeal Shock Wave Therapy machines, injection equipment etc.) • Practice protocols for using equipment • Description of registrar training on how to use equipment. |

| STANDARD 3.3 Research opportunities are promoted and facilitated | | |
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| Criteria | Guidance | Examples of evidence |
| <p>3.3.1: The practice facilitates and supports specialty specific research activity. <i>Research is a key component of the ACSEP Training Program and accredited practices should help facilitate and support registrars to meet their research requirements, where possible.</i></p> | <ul style="list-style-type: none"> • The practice promotes and facilitate research opportunities for registrars • The practice is involved in research projects and/or supports specialty specific research activity by registrars. • The practice provides opportunities to the registrar to present research. | <ul style="list-style-type: none"> • Details of research and presentation opportunities available to registrars. • Feedback from the registrar. |

Additional Requirements for Year 1 Registrars

ACSEP Registrars require some additional support in the first year of their training program. The ACSEP Training Committee requires Accredited Training Practices that train Year 1 registrars to meet the following requirements:

1. Provide a minimum of 32 hours per week (pro-rata for part-time) of Level 1 Supervision.
2. The registrar’s minimum and maximum training time needs to be clearly outlined within their Annual Training Plan, acknowledged by the CTS and registrar for approval by the ZTC.
3. The registrar will need to have one non-clinical day per week (pro-rata for part-time) for teaching/tutorial time/research.
4. Provide the following supervision arrangements:
 - 1-2 Months – Level 1 Supervision – Registrar observes the CTS/CTI conducting consultations with the patient on a regular basis. The supervisor, at their discretion and according to their perception of ability of the registrar to undertake independent management of the patient and handover of the patient care.
 - 2-4 Months – Level 1 Supervision – CTS/CTI sits in with the Registrar as the Registrar conducts the consultations with the patient at the supervisor’s discretion.
 - 3+ Months – Level 1 or 2 Supervision – Registrar conducts their own private consultations with the patient and, if necessary, confers with the CTS/CTI during/after the consult to discuss any queries
5. The CTS should have opportunities to sit in with the registrar.
6. **SUGGESTION:** The CTS watches the Contemporary Review of Best Practice Feedback (Webinar & One-page summary here) – 1-2 hours (Monash University);

- [Webinar](#)
- One-page summary of [Feedback Framework](#)