



ACSEP Specialist Training Program – Patient Workplace Based Assessment participation information sheet and consent form for remote assessment

Information sheet

You are invited to participate in a remote assessment of a Workplace Based Assessment (WBA) for a Registrar in the Australasian College of Sport and Exercise Physicians (ACSEP) Specialist Training Program. This information sheet aims to outline the purpose of a WBA, how you may be involved and how information will be handled.

Participation is voluntary. If you do not wish to participate, you do not have to. Declining to participate in this process will in no way affect your healthcare delivery.

You are welcome to discuss any aspect of this with the practice reception or your treating doctor.

Purpose and Background

A Registrar is a doctor who is part of the ACSEP Specialist Training Program. Registrars must complete the ACSEP Specialist Training Program to become specialist Sport and Exercise Physicians. Throughout their training, Registrars must complete assessments called WBAs. WBAs are a method of assessment and feedback to inform Registrar progress and learning and are conducted within the Registrar's workplace. Completion of WBAs allows the Registrar to demonstrate their competency in managing the care of a range of patients with a range of conditions.

WBAs may involve an assessor observing the Registrar interacting with a patient during a consultation. In some cases, Registrars will be assessed remotely by an assessor who is not in the same location as them (e.g., by live videoconference with the assessor, or video recording a consult and sharing this with the assessor, or by being provided de-identified patient notes). This is called remote assessment.

You have been asked to participate in a remote assessment of a WBA. Any remote assessment conducted with patients requires the Registrar to explain how their information will be handled and gain consent from the patient.

Process

Participation in this remote assessment will involve you having a standard consultation with your treating doctor. A Fellow of the ACSEP (a specialist Sport and Exercise Physician) will be an assessor and observe your consultation either via live videoconference, a videorecording, or may be provided with de-identified patient notes. In the assessment, the assessor may be looking at the structure and technique of patient consultation, appropriate investigation, and management of your clinical problem. You will not be required to interact with the assessor.

Privacy, confidentiality, and disclosure of information

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. Any information obtained in relation to this assessment will remain strictly confidential, handled in accordance with privacy laws and disclosed only as absolutely necessary. This includes:



- Maintaining the practice's privacy, confidentiality and disclosure of information standards, and those of the jurisdiction the assessment is taking place in.
- Collecting or providing information only when absolutely necessary to meet requirements of the assessment.
- Not using the patient's full name in a live or recorded assessment.
- Sharing any recorded assessments with the assessor only.
- Deleting any recorded assessments after assessment has been completed.
- De-identifying any patient notes shared with the assessor as part of the assessment.
- Any notes made by the assessor not containing identifying information.

Contact

If you have any issues, you can contact ACSEP National Office directly:

- nationaloffice@acsep.org.au
- +61 (03) 9654 7672
- Suite 1.51, 425 Smith Street, Fitzroy VIC 3165 AUSTRALIA

Consent

To be completed by the Registrar

I _____ have explained the following to the patient:

- ☐ What the assessment will involve and how it will take place.
- ☐ How any information obtained in relation to this assessment will be handled.
- ☐ That participation is voluntary, the patient may withdraw at any time and the provision of healthcare will not be affected.

To be completed by the patient

I _____ consent to participating in this assessment. The Registrar has explained the following to me:

- ☐ What the assessment will involve and how it will take place.
- ☐ How any information obtained in relation to this assessment will be handled.
- ☐ That participation is voluntary, I may withdraw at any time and the provision of healthcare will not be affected.

Signature

Patient name

Registrar name

Date

Date