



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

ACSEP Code of Ethics & Professional Behaviour

Preamble

The objective of the Australasian College of Sport and Exercise Physicians (ACSEP) Code of Ethics and Professional Behaviour is to provide a comprehensive set of guidelines for the professional behaviour expected of Fellows of ACSEP. It is based on longstanding ethical and professional principles of medicine; it considers the many aspects of the Sport and Exercise Physicians' professional life; and it responds to areas of concern that have been identified in the sports medicine literature over recent years.

The Code was developed recognising that, in addition to medical knowledge and technical expertise, excellent medical care in the area of sport and exercise may require co-operation with others including sporting management, collaboration with colleagues and other health professionals, while maintaining a clear understanding of the primacy of the health, wellbeing and autonomy of the patient.

Each area of work the clinician finds themselves in raises particular ethical concerns. For example, Sport and Exercise Physicians (SEP) employed as team physicians may experience divided loyalties between the needs of their patient and the demands of their employer. The code covers ethical concerns for SEPs working in all areas.

Legal Obligations

This code should be read in conjunction with legislation in the country of practice. The ACSEP Code of Ethics and Professional Behaviour is not intended to vary the legal obligations and duties of Sport and Exercise Physicians in Australia and New Zealand. Legislation varies between Australia and New Zealand. It is the responsibility of the physician to identify the particular legal obligations and responsibilities applicable in his or her own jurisdiction.

Relationships with other codes of ethics

This code should be read in conjunction with the AMA Code of Ethics and the NZMA (adopted by the Medical Council NZ) Code of Ethics. This code does not seek to alter these codes, but seeks to supplement, explain and interpret concepts identified in the AMA and NZMA Codes.

Format and style

1.4 The term 'must' is used to indicate that the associated statement sets a minimum standard that all Sport and Exercise Physicians must achieve. The term 'should' reflects a standard that the ACSEP aims to promote and nurture. A Glossary of Terms can be found in Appendix A.



THE CODE

1. Good Patient Care

Good patient care requires a range of clinical, interpersonal and management skills. The nature of the physician-patient relationship is critical to quality of care and achieving positive outcomes. SEPs must pay attention to all aspects of this relationship, and must also be familiar with legislation and guidelines within their jurisdictions. SEPs must also pay attention to any employment relationship that may affect the ability to provide care.

1.1 Standard of clinical practice

The SEP must:

- i. Provide a specialist standard of clinical care, consistent with the prevailing standards of sport and exercise medicine, within the constraints of systems and resources.
- ii. Treat all patients according to medical need, without discrimination on the grounds of age, gender, ethnicity, disability, religion, lifestyle, beliefs, culture or sexual preference.
- iii. Insist upon professional autonomy and responsibility for all medical decisions.
- iv. Work within the scope of his or her competence, and refer on to an appropriately qualified practitioner where appropriate.
- v. Not permit clinical judgement and practice to be affected by commercial interests.

The SEP should:

- vi. Care for patients using the best available evidence.
- vii. Work collaboratively with other professionals and organisations in optimising patient care.
- viii. Be willing to facilitate a second opinion for the patient.
- ix. Be willing to provide an honest and balanced second opinion when it is sought.

1.2 Continuity of care

The Sport and Exercise Physician must:

- i. In a competitive sporting situation and in an emergency, be prepared to assist in the care of patients of other health professionals.
- ii. Ensure that arrangements are made for appropriate hand-over when care of patient is transferred.

The Sport and Exercise Physician should:

- iii. Facilitate appropriate post-discharge care.

2. Relationships with patients

The Sport and Exercise Physician must:

- i. Attend to, and consider the views of patients (including parents/legal guardians where the patient is a minor) whilst remembering that the best interests of the patient should guide management.
- ii. Communicate with patients with empathy, honesty and respect (including parents/legal guardians where the patient is a minor).



- iii. Not exploit any patient/client whether physically, sexually, emotionally, or financially. Sexual contact of any kind with any patients/clients is unacceptable.
- iv. Commentary: Sexual contact of any kind with athlete-patients is unacceptable. If an SEP has an existing relationship with an athlete or team management prior to taking on the role, he or she should be aware that this relationship creates a conflict of interest.
- v. Act in a considered and professional manner during all team social activities, especially where alcohol is consumed.

Commentary: An SEP is part of the team by virtue of their professional role. As a health professional within that team, the SEP should consider how their individual actions in a team social setting and as a leader reflects on themselves and on the ACSEP, and impacts on future physician-patient relationship and may endorse particular team behaviours. Insofar as an SEP has a role in ensuring patient health and welfare, the abuse of substances should be discouraged.

2.1 Consent

The Sport and Exercise Physician must:

- i. Obtain informed consent from the patient prior to providing each medical intervention.
- ii. Be aware of legal, professional and institutional requirements for gaining informed consent from patients (including minors, or those who may be compromised in their ability to consent). Be aware that competent people have the right to refuse treatment.
- iii. Document appropriately all matters relevant to the consent process;

The Sport and Exercise Physician should:

- iv. Discuss with the patient the problems associated with getting informed consent in high pressure situations of competition;

2.2 Respect

The Sport and Exercise Physician must:

- i. Respect patient dignity.
- ii. Be aware that he or she is not obliged to provide treatment where it is his or her professional judgement that the treatment would be either of no benefit or may harm the patient, or is considered unethical.
- iii. Be sensitive to and respect the cultural values of all patients, particularly those of Aboriginal & Torres Strait Islanders, Maori, and Pacific peoples.
- iv. Refrain from unethical relationships with patients (sexual, financial and other).

Commentary: Where a doctor is employed to care for team members, those athletes are to be considered patients whether they have currently received medical attention or not.

The Sport and Exercise Physician should:

- v. Provide care in a manner that respects the privacy of the patient, especially where carrying out assessment or treatment in shared facilities. Where assessment or treatment must be carried out in a public environment, patient privacy will be maintained to the level it can be reasonably achieved.



3. Record keeping

The Sport and Exercise Physician must:

- i. Ensure maintenance of contemporaneous records be aware of legal requirements about collection, storage, and dissemination of personal health information about patients.

4. Employment structure and relationships

Commentary: When an SEP is employed by a team or sports governing body Sport and Exercise Physicians may have multiple responsibilities to others including; individual patients, a team, coaches and team management, the governing body, the medical profession and the general public. Some responsibilities are laid down specifically within an employment contract, while others rely on time-honoured understandings and relationships. At times responsibilities may conflict leading to divided loyalties or competing obligations, where to meet one obligation will require the neglect of the other. For SEPs, the most common divided loyalty is that between the employer and the patient. Problems are more likely when the potential for conflict is not recognised and one party is not aware that the SEP has other competing obligations. This section is designed to assist SEPs in situations where the aims of the employer place demands on the SEP, via the employment contract, that have the potential to undermine the ability to provide effective care for patients.

General statement: An SEP as an employee should not be asked within an employment contract to;

- act outside the law
- act contrary to a code of ethics of the professional group to which he or she belongs

Trust in the SEP-patient relationship

Commentary: The doctor-patient relationship is a structure that lies at the heart of any medical encounter where care is offered. It is through the doctor-patient relationship that the patient receives attention for his or her concerns and the SEP is able to use professional skills. The patient is vulnerable for a number of reasons including the presence of injury or illness that they themselves are unable to correct. The patient commonly reveals extensive health and personal information to the SEP in order for the SEP to diagnose and offer treatment. A patient usually has a lesser degree of knowledge about the body and medical concepts. And, because of the highly technical nature of medicine, patients are generally unable to assess the adequacy of treatment. Therefore, a patient must place a great deal of trust in his or her SEP to do the very best for him or her. SEPs are obliged to respect that trust and avoid situations or demands that may undermine it. Anything that undermines trust will inevitably impact negatively on the ability to provide the patient with the care required.

4.1 Divided loyalties and contractual obligations

Commentary: Here a distinction is made between a *therapeutic role* and an *assessment-only role*.

Therapeutic role

The SEP is employed in a therapeutic role for the patient or team, and in this situation a physician-patient relationship exists.



Assessment-only role

There are times when a SEP is employed solely for one-off assessment purposes of patients and is not involved in care. The most common example of this is when a patient is transferring between clubs and a medical assessment has to be completed, or if a patient has been selected for a tour or event, subject to passing a medical/fitness assessment. Here the relationship between the SEP and the patient is different than a therapeutic relationship. In assessment only situations the patient must be fully informed of the role of the SEP and that relevant information will be shared with sports management. (Can be compared to a doctor carrying out a one off insurance assessment)

4.2 When signing an employment contract

The SEP must:

- i. Act in good faith with their employer.
- ii. Inform the employer where there are elements of a contract that forces a SEP to breach ethical or legal obligations.

The SEP should:

- iii. Seek legal advice prior to signing

When employed in a therapeutic role

The SEP must:

- iv. Recognise his or her duty and commitment to the patient as the first concern.

When employed in an assessment role

The SEP must:

- v. Inform the patient of the SEP's role prior to the assessment.

The SEP should:

- vi. Consider whether the separation of an assessment role from a therapeutic role is appropriate.

Commentary: Ideally an assessment and therapeutic role should be separated, however it is recognised that this may be too difficult or impractical in some situations.

4.3 Confidentiality

Commentary: Confidentiality of health information about athletes is an issue for all SEPs. However, this is likely to be more problematic when a SEP is employed by a team or sporting franchise. Here the SEP is often faced with a divided loyalty dilemma, that is; either share health information in line with contractual obligations (and employer expectations) but against the wishes of the athlete, or, respecting the wishes of the athlete, but breaching contractual obligations (and employer expectations). SEPs employed by teams or sporting bodies are advised to read this section in conjunction with section 1.5 Employment structure and relationships.

General statement: Failure to respect confidentiality of personal health information about a patient may result in a patient choosing not to confide in the SEP, resulting in unnecessary risk to the health of the individual patient or others.



The SEP must:

- i. Maintain the patient's confidentiality, except where legal requirements direct otherwise, or a strong ethical justification exists and such disclosure is permitted under the law.
- ii. Seek permission from the patient prior to each disclosure of health information to a third party.

Commentary: It is recognised that some sports teams or sporting bodies require athletes to sign a health information release form at the beginning of the season or on joining a team. This may or may not specify who the information is to be released to, however at the point of signing no one can predict the injuries or illnesses might occur or the implications of this information. A health information release form signed by an athlete at the beginning of the season or on joining a team does not discharge the SEP from the responsibility of seeking permission to each disclosure of health information about the patient to a third party.

The SEP should:

- iii. Where necessary, educate coaches, trainers, team management and sports governing bodies of the need for confidentiality between a SEP and a patient.
- iv. Inform patients of the advantages of sharing health information with coaches and team management to effective patient management.

*In situations where a SEP is employed for one-off **assessment** purposes only, the SEP must:*

- v. Inform the patient that relevant health information gathered during **the assessment** will be passed to the specified third party only. In such situations, the SEP must document the following:
 - That the patient was informed that relevant health information will be passed to the specified third
 - That the patient agreed to the assessment under these conditions.
- vi. Recognise the commercial and media sensitivity of personal health information about athletes

5. Caring for children

The SEP must:

- i. Recognise the particular vulnerability of children in sport;
- ii. Be aware of the effects of sport on children with health issues;
- iii. Consider the short and long-term health risks (physical and psychological) of training regimes and competition on a child;
- iv. Obtain informed consent from a legally appropriate adult for any proposed treatment of a child. (Be aware that legal requirements may vary between jurisdictions);
- v. Involve the child in decisions about treatment and seek informed consent from the child to any proposed treatment on a developmentally-appropriate basis.

The SEP should:

- vi. Educate the child/parents/caregivers/coaches of short and long-term health risks (physical and psychological) of training regimes and competition on children;



- vii. Take particular care to identify children who are being required to undertake severe training regimes and competition (this may require speaking to the child in private);
- viii. Advocate for children who are being required to undertake severe training regimes and competition or competition against their wishes;
- ix. Be aware of the possibility of non-accidental injury or risk of harm to a child and report this to the appropriate authority within the legal framework of the jurisdiction in which the SEP is working (being aware that legal requirements vary between jurisdictions);

6. Risk taking

The SEP must:

- i. Acknowledge that risk taking is necessarily the responsibility of the patient where that patient is competent and the decision is freely made.
- ii. Assess the likelihood and severity of risk to the patient from returning to sport following injury.
- iii. Inform the patient (where possible) of the potential for harms associated with returning to sport following injury including the likelihood and severity of injury or further injury, the patho-physiology of injury, and the implications of injury on quality of life and future career;
- iv. When advising athletes about return to sport following an injury discourage choices to participate in sport where a patient's condition creates a high likelihood of a severe outcome (loss of life or severe incapacity).

Commentary: Where a choice to participate in sport is freely made and the patient is competent, then the patient should be informed of the potential consequences of his or her action and left to exercise their choice. Where a choice to participate in sport is highly likely to result in a severe outcome due to the patient's condition, then this action should be actively discouraged. This is not an attempt to place doctors in opposition to any particular sporting activity e.g. boxing, motor racing and parachuting where the risks for a catastrophic event exist but are unlikely when undertaken with standard precautions by a well individual. However, it could include these sports if some other consideration exists in the individual such as a motor racing driver with untreated epilepsy, or a boxer with a detached retina.

- v. Ensure that a decision to participate in sport when that participation involves high levels of risk taking is freely made by the patient.
- vi. Advocate for the patient (with the patient's informed consent) where it is thought the patient is being pressured into taking high levels of risk.

The SEP should:

- vii. Inform the patient (or direct to someone who can) of protective gear that may be worn to reduce further injury
- viii. Work with sporting organisations to reduce injury risks to athletes
- ix. Be able to refuse to attend a sports event which he or she considers has an unacceptably high risk of a severe outcome, and/or where he or she considers his or her presence is being misused.



6.1 Facilitating risk taking

The SEP must:

- i. Not knowingly facilitate a return to sport following injury where there is a high likelihood of a severe outcome for the patient (loss of life or severe incapacity).
- ii. Use caution when providing assistance including, but not restricted to pain masking injections, medication, or other clinical interventions, to return a patient to sport following injury.
- iii. When providing assistance (including but not restricted to pain masking injections, medication, or other clinical interventions) to return a patient to sport following injury, inform the patient of the risks involved. Note that such discussion should be documented.
- iv. Be aware that he or she is under no obligation to assist a patient to return to sport following an injury if he or she considers the risks are unacceptable.

Commentary: When assisting an athlete to return to sport following an injury the SEP may feel some degree of responsibility for further injury or exacerbation of an injury. The SEP must feel able to refuse to assist if he or she feels considers that the potential for injury is unacceptably high. SEPs may wish to factor into decision making the risks associated with the patient playing without medical assistance, but should not feel pressured into assisting against his or her better judgement.

7. Honesty and Integrity

The SEP must

- i. Act with honesty and integrity and promote fair play in sport.
- ii. Not violate the rules of a particular sport in order to obtain an unfair advantage.
- iii. Not fix or attempt to fix a match (or any part of a match), or use or reveal inside information for the purposes of betting.

8. The use of prohibited substances or doping method or practices

The SEP must:

- i. Be aware of and work within the regulations regarding the use of banned performance enhancing drugs of the governing body of the sport the athlete is involved in.
- ii. Cooperate fully with the athlete testing program and not impede doping control officials, or encourage/assist athletes to impede or evade doping control procedures and processes.

The SEP should:

- iii. Educate patients, teams, coaches, trainers, other health professionals and the general public about the risks of performance enhancing drugs. Discourage the potential use of banned performance enhancing substances and banned doping methods.
- iv. Be familiar with current anti-doping policies (including the current list of banned substances) and the rules of the WADC (World Anti-Doping Code).
- v. Not engage in any activity that encourages or enables the use or administration of any prohibited substance or doping method (as defined by the World Anti-Doping Code) unless an athlete has a current Therapeutic Use Exemption (TUE).



9. Sponsorship

The SEP must:

- i. Not endorse any product that brings the ACSEP into disrepute. (Note that product endorsement may be prohibited in some jurisdictions)

The SEP should:

- ii. Ensure that decisions regarding the supply of health products to the patient or team are supported by good quality evidence.
- iii. Advocate for the patient (with that patient's informed consent) where the sponsors product may negatively affect the health of the patient.
- iv. Advocate for the patient (with that patient's informed consent) where the sponsors demands to compete may negatively affect the health of the patient.
- v. Avoid sponsorship of the medical team that is in conflict with good health

10. Relationship with industry

The SEP must:

- i. Not accept sponsorship to cover the cost of travel, attendance or meals at conferences or meetings for family or friends.
- ii. Not obtain benefit from the sale of a medical device to one's own patients.
- iii. Not accept a fee or equivalent consideration from representatives of industry for seeing them in a promotional capacity.
- iv. Declare any relationship with industry when presenting at conferences and scientific meetings, and in publications.

The SEP should:

- v. Be cautious when accepting offers of industry sponsorship to attend conferences and scientific meetings. Acceptance usually should be restricted to those in which he or she is to make a formal contribution. In such instances a clear and public declaration of such support should be made.

11. Dealing with the Media (including Social Media)

The SEP must:

- i. Not provide personal health information about a patient to the media without the informed consent of the patient.
- ii. Not use testimonials to endorse a product or service.

The SEP should:

- iii. Be aware that he or she has no duty to provide personal health information about patients to the media.
- iv. Not provide untruthful medical reports to the media.



12. Community role

The SEP should:

- i. Use his or her knowledge of sport and exercise to promote individual and public health.

13. Maintenance of professional standards

The SEP must:

- i. Comply with the continuing professional development program requirements specified by the ACSEP and be diligent in the documentation of such compliance.

The SEP should:

- ii. Take an appropriate leadership role in planning, undertaking and measuring practice improvement activities, including using the principles of evidence based practice and continuous practice improvement.
- iii. Not undertake treatments or procedures beyond his or her current training.

14. Relationships with other health professionals

General practitioners: Commentary: The relationship between a SEP and the patient's general practitioner is centrally important to effective patient care. The general practitioner coordinates the health requirements of the patient; referring the patient to the SEP where necessary, and often directing any follow-up care that is necessary. It is therefore important to keep the general practitioner informed of any findings on assessment and care provided.

The SEP should:

- i. Maintain good working relationships with a patient's general practitioner.
- ii. Inform the referring general practitioner, with the patient's informed consent, of the assessment findings, any treatment provided, and any ongoing care that may be necessary.
- iii. When employed as a team physician, liaise with the patient's general practitioner and provide a discharge summary at the end of the season, and where a patient leaves the team prior to the end of the season.

14.1 Other SEPs

The SEP must:

- i. Respect another SEP's training, knowledge, experience and culture.
- ii. Avoid impugning the reputations of other SEPs with patients, coaches, team management and others.

Commentary: Having a high profile patient as a patient can bring standing within the sporting community and raise the profile of a sports health provider. Impugning the reputation of another medical provider is not an acceptable means of gaining patients.



The SEP should:

- iii. Work closely with and co-operate with other SEPs

14.2 Registrars

The SEP must:

- i. Provide appropriate supervision of registrars to minimise risks to the patient, and accept responsibility for the welfare of the patient.
- ii. Be honest and fair in all dealings with registrars.
- iii. Refrain from negative behaviour towards learners.

The SEP should

- iv. Acknowledge a responsibility to encourage and train future SEPs.

14.3 Other members of the sports health team

The SEP must

- i. Work in a spirit of collaboration and co-operation with other health professionals as a team member, respecting the contribution of all members of the sports health team to patient care.
- ii. Provide support to other health professionals as appropriate.

15. The College

- i. Comply with the obligations expressed in the Code of Ethics and Professional Behaviour at all times
- ii. Respect and co-operate with the College's disciplinary proceedings

16. Research

The SEP must

- i. Perform all research with approval of an appropriate research ethics committee.
- ii. Ensure that all research meets the ethical standards that would be applied by an accredited research ethics committee.
- iii. Declare to research participants and proposed publishers of research results where research has been funded by industry.

The SEP should:

- iv. Ensure that financial compensation for participating as an investigator in a clinical trial is commensurate with work performed.
- v. Make publicly available all results of research, negative as well as positive, wherever possible.



APPENDIX A - GLOSSARY OF TERMS

ACSEP: Australasian College of Sport and Exercise Physicians (SEPs)

Employment contract: The contractual relationship between employer and employee. In this document this refers to the SEP as employee and the sports governing body or sporting franchise as the employer.

Extreme event: An event which is considered to push athletes to the limits of physical endurance, or involve extreme risk to life and health. Examples may include caged fighting, or extreme endurance events. This term does not include boxing or standard martial arts.

Must: Implies that the associated statement sets a minimum standard that all SEPs must achieve.

Should: Implies that the associated statement reflects a standard that the College aims to nurture among its Fellows and Trainees.

Sports governing body: The management of the sport at a regional, national, or international level.

SEP: Sport and Exercise Physician

Team Management: Includes coaches, team managers, or other office bearers within the sporting franchise or sports governing body.

Registrar: Trainee of the Australasian College of Sport and Exercise Physicians