



P040 CPD Program Compliance and Remediation Policy

1. Purpose

The purpose of this policy is to provide a procedure and process to be followed by the Australasian College for Sport and Exercise Physicians (ACSEP) when participants of the Continuing Professional Development (CPD) Program have not demonstrated satisfactory completion of CPD requirements by the end of the relevant CPD cycle. This policy relates to the ACSEP CPD program and should be read in conjunction with the CPD Handbook.

2. Background

It is the mission of the ACSEP to provide and promote excellence in the training and continuing professional development of the ACSEP Membership in Australia and New Zealand. As a specialist medical college, the ACSEP conducts CPD programs that fulfil legislative requirements of the Australian Health Practitioner Regulation Agency (AHPRA) in accordance with the requirements for accreditation by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ). The CPD program aims to encompass core competencies that include medical care and clinical expertise; communication; collaboration and management; scholarship; culturally safe practice; addressing health inequities; and ethical practice and professionalism. This policy outlines the steps that will be undertaken where CPD Program participants have been identified as not completing program requirements to expected standards., This includes actions to support participants to complete their Program requirements, and possible actions undertaken by the ACSEP Board to ensure compliance.

3. Scope

The scope of this policy and procedure applies to all practicing CPD Program participants of the College including:

1. Any participant identified as having not met the minimum CPD requirements to a satisfactory level for their relevant jurisdiction (Australia or New Zealand) during the compliance review process;

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

2. Any participant identified as having not met the minimum CPD requirements to a satisfactory level for their relevant jurisdiction (Australia or New Zealand) during the audit process.

Not in scope for this policy is the management of impairments that are not related to the clinical practice of sport and exercise medicine or inappropriate behaviours. Refer to P015 - *Code of Ethics & Professional Behaviour*.

4. Policy

Outline

The ACSEP is accredited by the Australian Medical Council (AMC) and the Medical Council of New Zealand to provide a CPD Program for medical practitioners registered as Specialist Sport and Exercise Physicians and those working within a relevant scope of practice for Sport and Exercise Medicine. ACSEP CPD Participants are required to meet the minimum registration requirements and high-level specialist requirements (if applicable) set by their relevant registration authority (Medical Board of Australia/AHPRA in Australia or Medical Council of New Zealand (MCNZ) in New Zealand) as well as any program level requirements set by the ACSEP.

As an accredited CPD home, the ACSEP is obligated to report non-compliant CPD program participants to the relevant regulatory authority (AHPRA/Medical Board of Australia or MCNZ). The ACSEP will support CPD Program participants to meet the requirements through provision of resources, advice, access to a web-based portal to record CPD activities and email reminders regarding outstanding requirements.

CPD Compliance Review Process

The process for recording CPD and the College response for non-compliance with CPD by a participant is described below and is shown in Figure 1 (pg. 12). It should be noted that processes 1-7 below occur independently to the College's involvement. The desire of the College is for all CPD Program participants to be CPD compliant, strive for excellence and avoid any potentially serious ramifications following investigation from the relevant Medical Board.

1. CPD Program participants must record their CPD activities on the College website CPD portal.

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

2. In October of each calendar year, an email and a newsletter notification will be sent to all CPD program participants reminding them of CPD requirements needed for that year as outlined in the ACSEP CPD Handbook.
3. In mid-January of the following year, a reminder email will be sent from the National Office to all CPD Program participants who have not submitted satisfactory CPD activity for the previous calendar year requesting reasons for non-compliance and outlining the CPD areas lacking. The National Office will request that these are to be attained by the last business day in February. CPD Program participants may apply for an extension to complete requirements in accordance with the process outlined in the CPD Handbook.
4. Those participants who remain non-compliant and have not received approval for an extension to submit requirements will be sent a second email in early March requesting compliance by mid-April and advising the CPD Participant of the College's reporting obligations to AHPRA or MCNZ. The College may also attempt to re-engage the CPD Program participants via phone at this stage if the participant has been unresponsive to email communication.
5. At the end of April, National Office staff will provide the CPD Committee and ACSEP Board with a list of all CPD Program participants who remain non-compliant, including the requirements they have outstanding for review.
6. The College will provide a final warning to CPD program participants who remain non-compliant for the previous year at the beginning of June.
7. On the last business day of June, the College will advise AHPRA/Medical Board of Australia of any Australian-based CPD participants who remain non-compliant and will advise the MCNZ of any New Zealand based CPD participants who remain non-compliant.
8. The College will seek advice from the relevant regulatory authority regarding management of the participant's non-compliance and any additional steps required to re-engage the participant.
9. The notifications to MCNZ and AHPRA may have ramifications for a non-compliant CPD Program participant, including but not limited to:
 - a) A non-compliant CPD Program participant may be considered as high-risk for being a 'poor performer'. The relevant Medical Board may consider poor performers as being at high risk for medical error.
 - b) The non-compliant CPD Program participant should expect to be contacted by their Medical Board. If so, the non-compliant CPD Program participant should expect that

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

their Medical Board will investigate their CPD history and demand certain prompt changes in CPD compliance.

- c) This process may ultimately affect the CPD Program participant's medical registration.

In addition, upon request from the Medical Council of New Zealand (MCNZ), the College will report on the CPD compliance status of individual members outside of the compliance review and audit process timeline. Once a request has been received, the ACSEP will follow the steps outlined in Figure 2 (pg. 13).

CPD Audit Process

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

1. 5% of CPD Program participants will be audited at random for proof of base records supporting claimed CPD activities each year, with 3% in each of the three CPD categories.
2. The selected CPD Program participants will be notified of the upcoming audit on 1 March of the following year and will have one month to upload the appropriate documentation or base records to mirror entries on the CPD portal on the ACSEP website.
3. CPD Program participants selected for audit will be notified of their outcome by the end of April and, if required, will be advised of any issues requiring attention in order to meet the College's obligations for reporting non-compliance to the relevant regulatory authority.
4. A list of CPD Program participants with issues identified during the audit, including a summary of issues, will be provided to the CPD Committee and ACSEP Board for review at the end of April.
5. The College will send a reminder email to any CPD participants who were selected for audit and still have outstanding requirements at the start of June. The College may also attempt to re-engage the CPD Program participants via phone at this stage if the participant has been unresponsive to email communication.
6. At the end of June, the College will advise AHPRA/Medical Board of Australia of any Australian-based CPD participants who remain non-compliant and will advise the MCNZ of any New Zealand based CPD participants who remain non-compliant.
7. The College will seek advice from the relevant regulatory authority regarding management of the participant's non-compliance and any additional steps required to re-engage the participant.

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

8. Any CPD Program participants who remain non-compliant following the aforementioned process will be deemed 'high risk' and will be mandatorily included in the audit for the CPD year following the year of non-compliance. These participants will be in addition to the random selection of 5% of CPD Program participants in these years.
9. Provided that the CPD Program participant is found to be compliant on a subsequent audit, they will not be audited again during that triennium.

This internal ACSEP audit is separate from any audits that AHPRA or MCNZ independently undertake.

If a CPD Program participant has been audited by the ACSEP in one of the three categories and the outcome is successful, and that CPD Program participant is subsequently audited by AHPRA, a letter from the CPD Committee may suffice as proof of successful participation in CPD for the activity that was audited. Details of the AHPRA audit process can be found at:

<http://www.medicalboard.gov.au/Registration/Audit.aspx>

In addition to the audit of base records, the College will also conduct a sampling of 10% of activities from audited records to assess educational quality and determine whether these are in alignment with the Framework for Assessing CPD activities. National Office staff will consider:

- a. Whether uploaded activities align with approved CPD activities outlined in the CPD Handbook;
- b. If the activity is not listed in the CPD Handbook, whether the CPD Committee has provided approval for the activity as CPD;
- c. If the activity is not listed in the CPD Handbook and has not previously been approved by the CPD Committee, National Office staff will seek guidance from the CPD Committee Chair in the first instance in line with the "Framework for assessing CPD activities" outlined in the CPD Handbook. As part of this process the Chair may seek additional advice from the CPD Program participant, educational provider, ACSEP committees and/or Educational Consultant if there are any concerns regarding the activities sampled.

This activity sampling will be reviewed by the CPD Committee to inform ongoing improvements to the ACSEP CPD Program.

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

From time to time an ACSEP CPD Program participant may be identified as underperforming due to ongoing CPD compliance issues or through other means, including but not limited to Registrar, Fellow or sporting teams/clubs feedback, and require remedial management. This may include:

- a) Collegiate support for the CPD Program participant,
- b) A process for improving the skills of the CPD Program participant to the standard expected, under an appropriate degree of supervision,
- c) A process to assess that the required standard has been achieved,
- d) A process to report on the successful completion or otherwise of this process to appropriate parties including the practitioner, the referring body, and the ACSEP CPD Committee, Education Committee, and the ACSEP Board.

5. Procedure

1. Identification of a high-risk CPD Program participant

- a) The CPD committee has responsibility and authority to audit the CPD programme for compliance of ACSEP CPD Program participants. A CPD Program participant who is identified as having ongoing CPD compliance issues may be considered as high-risk for medical error during their practice.
- b) The process of recording CPD and the ACSEP's response for non-compliance with CPD by a Fellow is described in this policy and the CPD Handbook. It should be noted that parts of the process occur independent to the ACSEP's involvement.
- c) CPD Program participants with identified issues of non-compliance may be required to undertake a program of remediation under the direction of the CPD Committee. The CPD Committee Chair shall consider each notification in accordance with this policy and make recommendations on any CPD Program participants who require remediation to the ACSEP Board.
- d) CPD Program participants may to apply for a review of decisions in accordance with the *ACSEP P019 - Review, Reconsideration and Appeals Policy*.
- e) Those considered by the CPD Committee to be underperforming or not performing to expected standards will be subject to the following process;
The CPD Committee in consultation with National Office staff will review all non-compliant CPD Program participants to establish their status and will recommend if they

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

would benefit from remediation due to ongoing issues with CPD compliance in multiple years. The name of the CPD participant and the reason/s why they may benefit from remediation will be reported to the ACSEP Board.

If required to participate in the remediation process the CPD program participant will be advised and asked to participate in the following steps:

2. Development of a Performance Management Plan (PMP)

- a) Contribution to the development of the PMP will be requested from the CPD Program participant and the CPD Committee Chair. The CPD Program participant will be required to complete a learning needs analysis; identify a supervisor to complete peer review reports; and be required to provide a completed peer review report.
- b) The CPD Committee will nominate up to three ACSEP Fellows to act as supervisors. Any supervisor shall have enough experience as an ACSEP Fellow (at least five years post-Fellowship is recommended) to be able to assess the performance of the underperforming CPD Program participant. It is recommended that the identified supervisor be an ACSEP Fellow who has completed aspects of the College's clinical training supervisors' modules. The CPD Committee Chair may also request the assistance of local ACSEP Fellows and/or identify other suitable supervisors if required. The CPD Program participant will have the opportunity to identify any potential supervisors with whom they would be unable to work, and they would be excluded from consideration. Supervisors will be required to declare any conflict of interest which will preclude them acting as a supervisor. The role of the supervisor is to provide both feedback and support to the underperforming CPD Program participant and to report on the progress being made toward completion of the PMP.
- c) Once a supervisor has been selected and has agreed to undertake the role, both the CPD Program participant and the Supervisor will be required to indicate their agreement to the proposed PMP in writing. The Supervisor will, with the agreement of the CPD Program participant, be provided with full information as to why the CPD Program participant has been identified as underperforming and requiring remedial management.

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

- d) Based on the material provided, the CPD Committee Chair in conjunction with the CPD Program participant and the Supervisor will develop a plan that addresses the specific aims of the remediation program including:
- i. Courses to be undertaken, if any
 - ii. Specific upskilling activities to be undertaken,
 - iii. Required and desired outcomes, and
 - iv. The appropriate time frame for satisfactory completion of the plan. (A minimum period of three months is recommended; a maximum period should be agreed upon by all parties).
- e) The PMP will detail supervision arrangements including:
- i. The degree and nature of the supervision, whether that be direct supervision, regular case and practice review or practice with colleague support;
 - ii. The distribution and frequency of the supervision;
 - iii. The timetable for progress meetings between the CPD Program participant and the Supervisor, which will occur at least monthly;
 - iv. The nature and frequency of formal progress reporting;
 - v. A self-reflective review of progress in achieving aims;
 - vi. A structured report by the supervisor addressing progress against aims and criteria and;
 - vii. The plan will be presented in writing and will address the specific items identified above.
- f) A copy of the plan shall be submitted to the ACSEP National Office staff via cpd@acsep.org.au and formal progress reports shall be submitted to National Office staff via this address for record-keeping then forwarded to the CPD Committee Chair for consideration.

3. Completion of the period of supervision

- a) At the completion of the period of supervision, the CPD Program participant will provide a report on outcomes from the PMP that have been achieved, with details of actions taken, using the PMP for reference. The Supervisor will also provide a corresponding

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

report which addresses all aspects of the PMP, indicating the degree to which the goals have been met. All relevant documentation must be provided, and may include:

- i. Certificate(s) of completion;
 - ii. Activities attendance for any course/program undertaken as part of the PMP.
- b) When all reports and documents are received, the National Office will forward these to the CPD Committee Chair for review. The Chair will then determine whether all criteria have been achieved and provide recommendation. The Chair will determine whether plan is completed satisfactorily or not.

4. Satisfactory completion of the PMP

A determination by the CPD Committee Chair of the satisfactory completion of the PMP ends the process and the CPD Program participant will be notified of the outcome. The remediation of the CPD Program participant has been completed satisfactorily and the CPD Program participant is deemed to be practicing at the expected level.

5. Unsatisfactory completion of the PMP

- a) A determination by the CPD Committee Chair of the unsatisfactory completion of the PMP indicates that the remediation of the CPD Program participant has not been completed satisfactorily and the CPD Program participant is deemed to not be practicing at the expected level.
- b) The CPD Committee Chair will then forward the CPD Program participant to the ACSEP Education Committee for its recommendation. Failure to successfully complete the remediation or otherwise of this process will lead to referral to the ACSEP Board for further action according to the College Constitution, Regulations or Professional Code of Ethics.

Withdrawal, extended leave or retirement from the CPD Program

CPD Program participants who are retiring from practice or seeking to withdraw from the ACSEP CPD Program are required to notify the Chair of the ACSEP CPD Committee in writing via email (cpd@acsep.org.au) advising of the date they plan to cease clinical practice/withdraw from the CPD

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

Program. Upon receipt of this notice, ACSEP will notify the relevant regulatory authority in the CPD participant's jurisdiction immediately.

ACSEP will also immediately notify the relevant regulatory authority in the CPD participant's jurisdiction when a participant is approved for extended leave from CPD program participation due to serious illness, parental/carers leave, cultural responsibilities or other approved circumstances. CPD Program participants who are not practicing clinically for more than 12 months will be required to complete a full 12 months of CPD requirements prior to returning to clinical practice. Refer to the ACSEP *P032 - Return to Practice Policy* for further details.

6. CPD Records Management

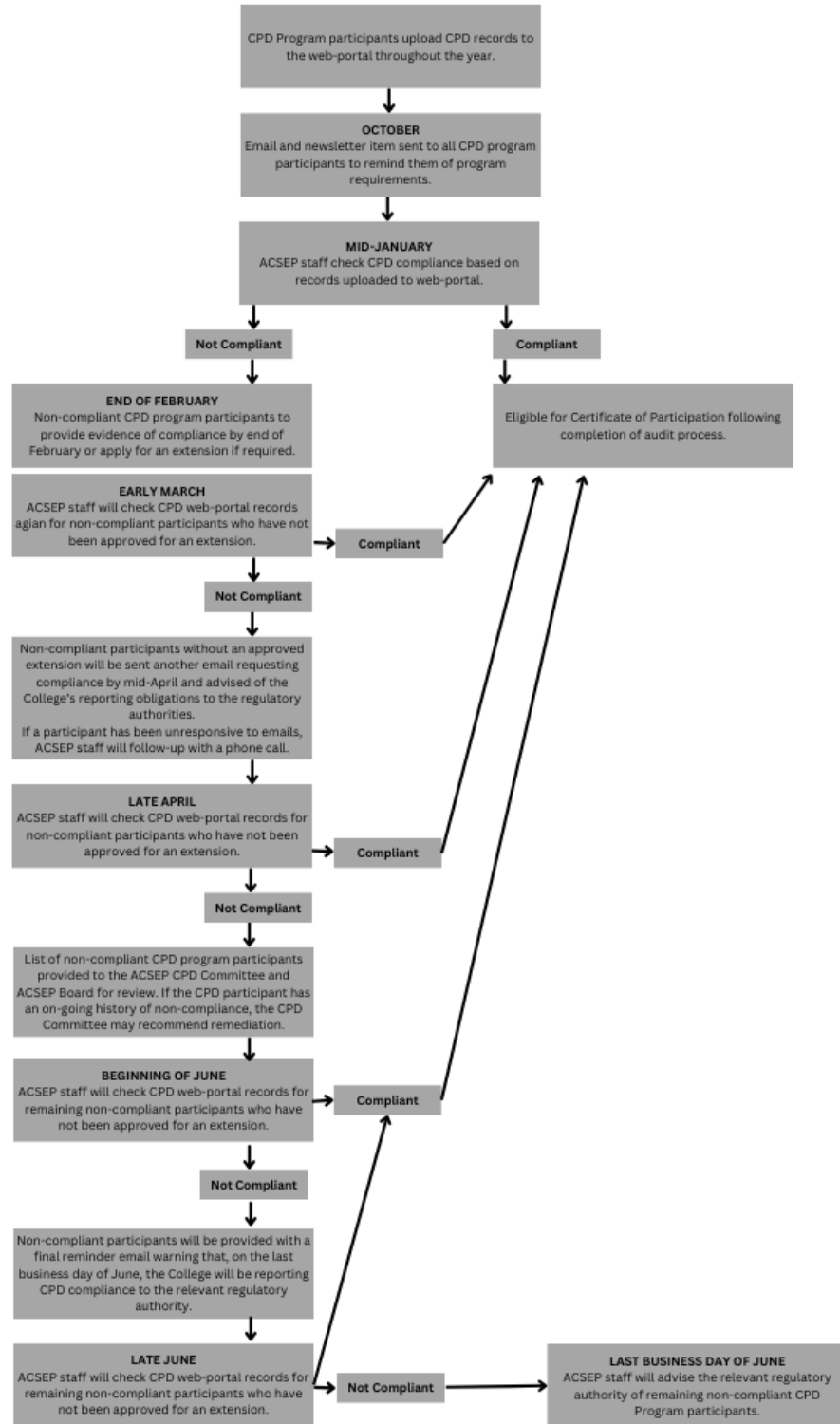
The CPD records of the ACSEP members will be collected, stored and maintained in line with *P004 – Privacy Policy*.

<u>Document Name</u>	<u>Version Number</u>	<u>Version Date</u>	<u>Approved by</u>	<u>Next Review Date</u>
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

Figure 1: Process for recording CPD and the ACSEP response for non-compliance by a participant.

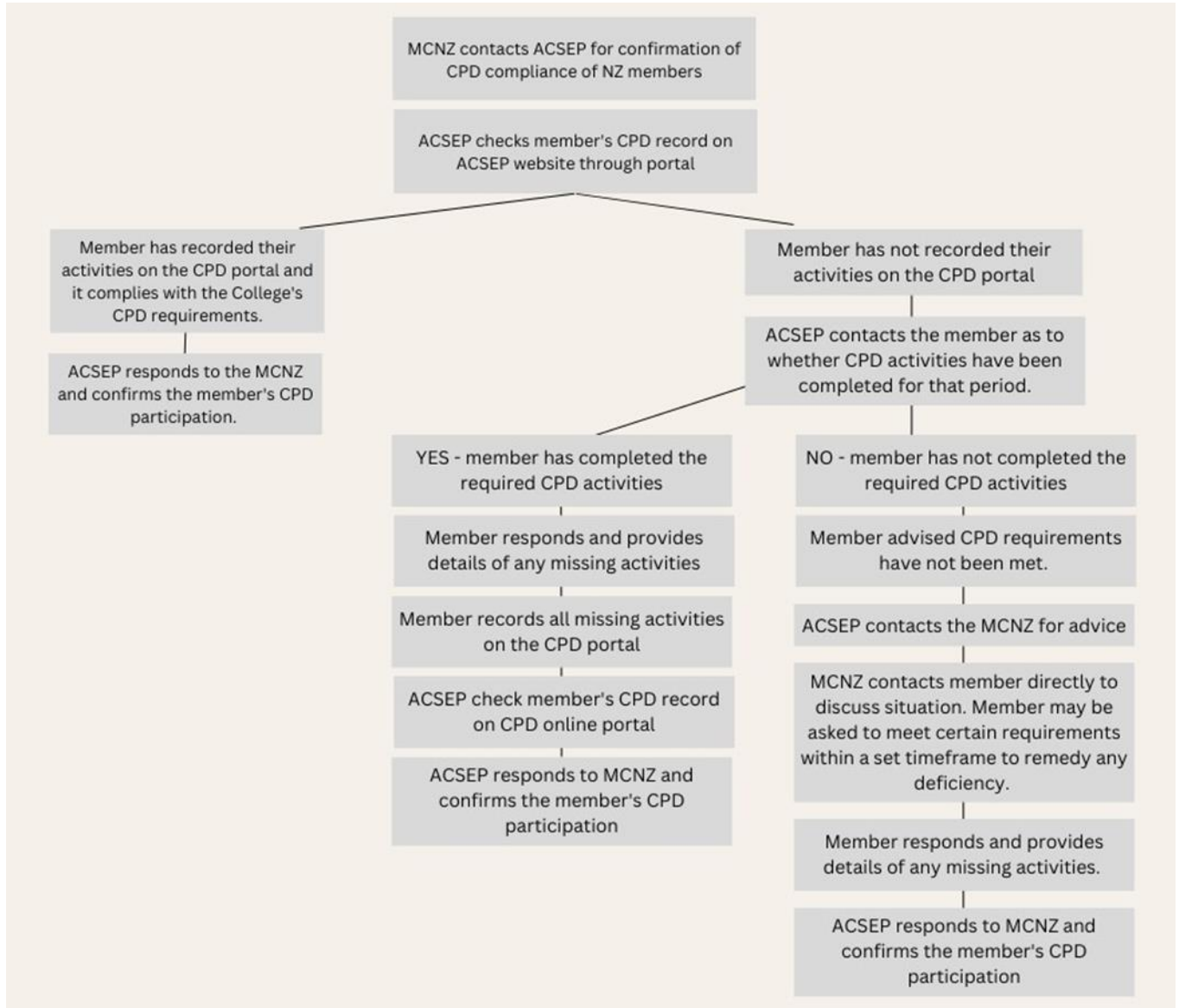


Document Name	Version Number	Version Date	Approved by	Next Review Date
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

Figure 2: Process for reporting on the CPD compliance status of NZ members upon request from the MCNZ.





AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

Key Related Documents

- *P019 - Review, Reconsideration and Appeals Policy*
- CPD Handbook
- *P032 - Return to Practice Policy*
- *P004 – Privacy Policy*

Feedback

ACSEP staff, member or any other interested person may provide feedback about this document by emailing nationaloffice@acsep.org.au.

Approval and Review Details

Approval and Review	Details
Approval Authority	ACSEP CEO and ACSEP Board
Advisor or Advisory Committee to Approval Authority	ACSEP CPD Committee and ACSEP Board
Policy Administrator	ACSEP Policy Officer
Next Review Date	February 2026

Approval and Amendment History	Version Number	Version Date	Approved by
	V3	19/02/2024	Ratified by ACSEP Board
	V3	30/01/2024	Reviewed by CPD Committee, Senior Operations Officer & Policy Officer
	V2	11/08/2023	Ratified by ACSEP Board
	V2	20/07/2023	Redrafted and reviewed by Senior Operations Officer, reviewed by CEO and CPD Committee
	V1	05/02/2020	Ratified by ACSEP Board

Document Name	Version Number	Version Date	Approved by	Next Review Date
P040 CPD Program Compliance and Remediation Policy	3.0	30/01/2024	ACSEP Board	February 2026



AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

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