

# FACULTY OF MEDICINE AND HEALTH – CONDUCTING AND SUPERVISING EXERCISE CAPACITY TESTING PROVISIONS 2024

---

## 1 Purpose and application

- (1) These provisions:
- (a) are to give effect to the [Health Clinics and Clinical Services Policy](#) (“the policy”);
  - (b) specify best practice principles for conducting, supervising and supporting adult exercise capacity testing in approved clinical facilities;
  - (c) apply to all Faculty of Medicine and Health staff, students and affiliates involved in conducting adult exercise capacity testing on University premises; and
  - (d) prohibit clinical exercise stress testing being undertaken on University premises.

## 2 Commencement

These provisions commence on 23 May 2024.

## 3 Definitions

<b>AHPRA</b>	means the <a href="#">Australian Health Practitioner Regulation Agency</a> , which administers the Australian national registration and accreditation scheme for health practitioners.
<b>clinical facility</b>	means a physical space used, whether or not exclusively, by a University health clinic to provide clinical services. The same space may also be used for other purposes including, but not limited to, clinical research or clinical education.
<b>Clinical Exercise Stress Testing</b>	means the medical diagnostic assessment of cardiac function by a suitably qualified medical practitioner for the purpose of assessing coronary artery disease, arrhythmias, heart disorders with electrocardiography (ECG).  Clinical Exercise Stress Testing must not be undertaken on University premises. Note: <a href="#">CSANZ Position Statement 2014</a>
<b>clinical support trolley</b>	means the equipment to support credentialed health practitioners in providing immediate care to participants in the event of a medical emergency in a university building.

<b>comorbidities</b>	means the existence of one or more chronic conditions that may present in conjunction with a primary illness and impact the overall health of an individual. These must be defined in the associated activity protocols.
<b>credentialing</b>	means the process for formally recognising and recording an individual's qualifications and entitlement to practise, measured against specified criteria.
<b>ECT</b>	means exercise capacity testing which is exercise capacity testing performed by a health professional for assessing, capacity measuring and fitness assessment to develop an exercise or movement-based intervention.  <b>Note:</b> See <a href="#">Exercise Sports Science Australia</a>
<b>ESSA</b>	means Exercise & Sports Science Australia
<b>HREC</b>	means the Human Research Ethics Committee
<b>Model of Care</b>	means the document which prescribes the way in which clinical activities or clinical services are delivered within a particular education, research or standard care or treatment clinic, group of clinics or facility.
<b>Protocol</b>	means the detailed written set of instructions to guide the care of a participant in the performance of a procedure or research activity.
<b>Scope of Practice</b>	means the extent of clinical practice that a health practitioner is authorised to undertake at a health clinic or research program, based on: <ul style="list-style-type: none"> <li>• the health practitioner's skills, knowledge, performance, credentials, and suitability.</li> <li>• the needs of the health clinic or research program protocol; and</li> <li>• the capacity of the site to support the health practitioner's clinical practice.</li> </ul>
<b>Statement of Scope – Clinical Activities</b>	means a statement that defines the principles for conducting clinical activities associated with education, research and clinical care and describe the clinical activities which can safely be supported by the building infrastructure, staff and associated University services.
<b>University premises</b>	means all University campuses, including: <ul style="list-style-type: none"> <li>• lecture theatres or tutorial rooms;</li> <li>• the whole or part of any building or structure;</li> <li>• grounds; and</li> <li>• other locations under the University's control.</li> </ul>

## 4 Principles

- (1) Academic staff and researchers may conduct exercise capacity testing:
  - (a) as a learning activity or screening process;
  - (b) to evaluate the effects of exercise on health, physical movement or activity and performance; or
  - (c) meet the student learning outcomes for undergraduate education programs.
- (2) Academic staff and researchers responsible for conducting exercise capacity testing must:
  - (a) undertake testing in an approved clinical facility specified in the approved Statement of Scope – Clinical Activities;
  - (b) develop testing protocols that comply with the appropriate procedures for managing quality and safety risks;
  - (c) implement risk mitigation strategies;
  - (d) assess pharmacological exercise testing on a case-by-case basis; and
  - (e) protect children and vulnerable adults by ensuring that:
    - (i) staff have completed working with children check clearances or where appropriate, national criminal record checks; and
    - (ii) participants must be over the age of 12 years and provide the appropriate consent.

**Note:** See the [Working with Children and Vulnerable Adults Policy](#).

## 5 Qualifications and Scope of Practice

- (1) The Statement of Scope – Clinical Activities governs the range of procedures that a registered or licenced health professional may conduct within a university building.
- (2) A registered or licenced health professional must comply with the defined scope of practice and professional standards set by their professional body.
- (3) The supervising academic or researcher must conduct all clinical activities in an education or research program consistently with the approved range of procedures for the building.
- (4) Exercise capacity testing conducted at the University can only be performed by:
  - (a) a suitably qualified and registered medical practitioner registered with the AHPRA;
  - (b) a qualified physiotherapist registered with AHPRA;
  - (c) a qualified exercise physiologist or exercise scientist or sports scientist registered with Exercise Sports Science Australia; or
  - (d) a researcher, educator, or student in the School of Health Sciences under the direct supervision of a registered health practitioner listed in (a) to (c).

- (5) Managers must maintain records of staff, student and affiliate credentials specified in the [Clinical Activities Accountability Framework](#) and the [Health Clinics and Clinical Procedures](#), including;
  - (a) qualifications;
  - (b) professional registration or license details;
  - (c) entitlement to practise; and
  - (d) mandatory training.
- (6) Managers must check the credentials of a staff member, student or affiliate annually during the [Academic Planning and Development \(AP&D\)](#) process to ensure they are up to date.

**Note:** See the [Performance Planning and Development Policy](#).

## 6 Model of Care and protocols

- (1) The Clinical Governance and Quality Committee must endorse the model of care before clinical activities are conducted on humans in research.
- (2) The supervising academic or researcher must align the exercise capacity testing with the model of care specified in the [Health Clinics and Clinical Services Procedures](#).
- (3) The supervising academic or researcher must develop and maintain protocols for exercise capacity testing which must specify:
  - (a) participant research factors;
  - (b) inclusion criteria;
  - (c) exclusion criteria;
  - (d) research or education records management;
  - (e) exercise equipment;
- (4) The educational protocol must specify:
  - (a) exercise equipment; and
  - (b) the infection prevention and disease control requirements specified in the [FMH Infection Prevention and Disease Control Procedures](#).

## 7 Risk Mitigation

- (1) Risk assessment and mitigation will be undertaken for:
  - (a) clinical risks; and
  - (b) non-clinical risks.
- (2) The model of care will adhere to the risk management process specified in the [policy](#).
- (3) The supervising researcher or academic will:
  - (a) risk assess the research or education protocol;
  - (b) risk assess all participants (with or without comorbidities) consistently with the education or research protocol exclusion criteria;



- (c) where the cohort demonstrates a primary health issue, arrange a medical clearance from a treating medical clinician as indicated by screening protocols, to confirm a participant's ability to continue in the program;
  - (d) only progress an offer of inclusion to those participants meeting the selection criteria;
  - (e) explain all risks related to participation in the exercise capacity testing activity to the participant at the time of consent; and
  - (f) arrange for participant information sheets to clearly state the risks associated with the procedure.
- (4) All staff are responsible for ensuring incidents are reported in [RiskWare](#) within 24 hours of their occurrence.

## 8 Supervision

- (1) Supervisors must:
- (a) comply with the requirements specified in the:
    - (i) [Higher Degree Research Supervision Policy](#); and
    - (ii) [Faculty of Medicine and Health – Higher Degree by Research Supervision Provisions](#);
  - (b) comply with the practice requirements specified by the:
    - (i) relevant professional registration body; and
    - (ii) the University's [Model of Care](#) requirements;
  - (c) supervise the activities of all persons involved in the exercise capacity testing program;
  - (d) be capable of recognising the development of adverse signs, symptoms or complications occurring during the exercise capacity testing session; and
  - (e) be available on-site to respond to any medical emergency incidents as they occur ([SWHB Emergency Management Procedures](#)).
- Note:** See the [Work Health and Safety Policy](#); [Student Critical Incident Procedures](#).

## 9 Performing Exercise Capacity Testing

- (2) A dedicated researcher, responsible for conducting screenings, must be assigned to each test.
  - (3) Before a test commences, the researcher must screen each volunteer or participant consistently with the approved protocol and risk assessment.
  - (4) Each screening should comply with the [ESSA Adult pre-exercise screening system](#).
- Note:** See the [Screening Tool](#) and [User Guide](#).
- (5) The Model of Care and research protocol must include participant research factors as inclusion and exclusion criteria.
  - (6) Testing will not commence without the participant, or parent/guardian providing written consent in accordance with the consent approved by the HREC.

- (7) During testing, two persons must be present with one trained in basic life support through a recognised body, to respond to any emergencies should they arise.

## 10 Emergency management plans

- (1) The approved research or education protocol must contain a medical emergency plan which includes:
- (a) an escalation transfer pathway to a recognised health facility in the event of acute deterioration of a participant;
  - (b) the safe physiological parameters;
- Note:** See the Clinical Excellence Commission [Between the Flags](#) criteria.
- (c) an emergency call or a duress button near the testing zone;
  - (d) requirements for the researcher to:
    - (i) document the participant's observed physical state; and
    - (ii) enter the report as a clinical incident report in [RiskWare](#).
- (2) In the event of a clinical incident, the Supervising researcher or academic must record:
- (a) the activation of the emergency medical management in [RiskWare](#) as a clinical incident, within 24hrs; and
  - (b) comply with any additional HREC reporting requirements.

## 11 Records management

- (1) The Supervising researcher or academic must:
- (a) document the records management requirements in the education or research protocol; and
  - (b) comply with the:
    - (i) [Healthcare Records Management Procedures](#); and
    - (ii) [Recordkeeping Policy](#).

## 12 Exercise testing equipment

- (1) The Supervising researcher or academic must:
- (a) identify all necessary exercise equipment within the educational or research protocol;
  - (b) only use equipment that has been biomedical tested and tagged for use on humans; and
  - (c) Not use externally provided or experimental biomedical equipment without prior approval by the relevant delegate.

### 13 Resuscitation equipment

- (1) The Supervising researcher or academic must make a clinical support trolley available for the duration of the exercise capacity testing which includes:
  - (a) a medical grade oxygen cylinder and regulator;
  - (b) a mobile automatic external defibrillator (AED);
  - (c) accessory equipment – oxygen masks, tubing;
  - (d) storage trolley; and
  - (e) protocols for use.
- (2) Equipment must only be used by suitably credentialed clinical staff.

### 14 Medications

- (1) Medications used in medical emergencies are not held on University premises.
- (2) Medical clinicians who bring medications to the University as part of a doctor's bag are responsible for managing, administering and recording their use during research clinical activity.
- (3) Participant's may bring their own medications to a research clinical activity and these medications remain their responsibility.

### 15 During testing

- (1) Participants must be monitored consistently with the defined research protocol for parameters such as BP, HR, VO<sub>2</sub>.
- (2) The supervising researcher or academic monitoring the testing must check the participant for any signs or symptoms which may indicate an increased risk or potential safety concern for the participant.
- (3) The supervising researcher or academic must terminate the exercise capacity testing when:
  - (a) the test is completed;
  - (b) it is unsafe to continue;
  - (c) the participant's physiological measurements exceed the predefined safe testing parameters or [Between the Flags](#) criteria; or
  - (d) the participant voluntarily terminates the testing.

### 16 After testing

- (1) The supervising researcher or academic must:
  - (a) observe the participants:
    - (i) immediately after testing; and
    - (ii) for additional periods specified in the education or research protocol;and



- (b) complete the participant information sheets with information about:
  - (i) the post procedure instructions; and
  - (ii) relevant contacts in the event of unexpected outcome.

## 17 Infection Prevention and Disease Control

- (a) The Infection Prevention Responsible Officer for the clinical space will:
- (b) ask all users of clinical spaces to follow the [FMH Infection Prevention and Disease Control Procedures](#);
- (c) check that each research clinical activity protocol includes a reference to an Infection and Prevention Management Plan (ICMP) which specifies:
  - (i) the infection risks associated with conducting clinical activities including hand hygiene, environment and equipment cleaning;
  - (ii) measures to be taken to prevent or minimise the infection risks; and
  - (iii) monitoring and reviewing the implementation and effectiveness of those measures.
- (d) conduct clinical audits and provide reports to:
  - (i) the local governing body; and
  - (ii) the University Clinical Governance and Quality Committee.

## 18 Compliance

- (1) The Faculty of Medicine and Health General Managers Office will:
  - (a) monitor [RiskWare](#) for WHS incidents; and
  - (b) arrange annual audits to check compliance with these procedures.
- (2) The Clinical Governance and Support Office will:
  - (a) monitor [RiskWare](#) for clinical incidents;
  - (b) review the annual audits to check compliance with these procedures; and
  - (c) report the audit outcomes to the Clinical Governance and Quality Committee.



## NOTES

Faculty of Medicine and Health – Conducting and Supervising Exercise Stress Testing Provisions 2024

Date adopted: 20 February 2024

Date commenced: 23 May 2024

Approved by: Exec Dean and Pro Vice Chancellor, Faculty of Medicine and Health

Signature:

Review date: December 2025

Rescinded documents: N/A

Related documents: [Australian Health Practitioner Regulatory Agency \(AHPRA\)](#)  
[Clinical Excellence Commission \(CEC\)](#)  
[NSW Health Model State Scope of Clinical Practice: Model Scope of Clinical Practice - Sport and Exercise Medicine Aug 2018](#)  
[NSW Health Model State Scope of Clinical Practice: Model of Clinical Practice – Geriatric Medicine](#)  
[Health Clinics and Clinical Services Policy](#)  
[Recordkeeping Policy](#)  
[Risk Management Policy](#)  
[Health Clinics and Clinical Services Procedures](#)  
[Healthcare Records Management Procedures](#)  
[Exercise Sports Science Australia](#)  
[The Cardiac Society of Australia and New Zealand – Position Statement – Clinical Exercise Stress Testing in Adults 2014](#)  
[Adult Pre-Exercise Screening System \(APSS\) Screening Tool and Adult Pre-Exercise Screening System \(APSS\) User Guide](#)

## **AMENDMENT HISTORY**

**Provision      Amendment**

**Commencing**

## APPENDIX 1

[Adult Pre-Exercise Screening System \(APSS\) Screening Tool and Adult Pre-Exercise Screening System \(APSS\) User Guide](#)