OFFICIALS SAFETY TRAINING PROGRAMME
ACCREDITATION GUIDELINES

CONTENTS

INTRODUCTION

The primary goal of the enhanced Officials Safety Training Programme is to actively facilitate the increase in competency levels of officials from around the world.

The FIA has employed a multi-tiered strategy to achieve this objective: firstly, the FIA has created a best practice framework for the development of officials; secondly, it will accredit those national sporting associations (ASNs) who adopt the framework; thirdly, it will develop and rollout training infrastructure; and finally, the FIA will conduct a range of knowledge sharing activities.

This publication, which is part of a suite of publications relating to the FIA's broader Education Programme, focuses in its entirety on the process of accrediting ASNs who adopt the best practice framework. It has been developed to assist ASNs to understand the requirements to achieve the various accreditation levels. It should be read in conjunction with *A Guide to Developing and Funding Motor Sport Safety Worldwide* and in particular the publication *Officials Safety Training Programme - Best Practice Framework*. Note that all other areas mentioned above are outside this publication's scope.

Accreditation will be done at multiple levels, including Achievement of Excellence, Progress towards Excellence and Commitment to Excellence, and any ASN who wishes to become a regional training provider will first have to satisfy the requirements of Achievement of Excellence level accreditation. The FIA will be endeavouring to foster the development of several regional training providers within each of five broad geographical zones. These training providers will take on the role of training those ASNs who require external

assistance with the development of their officials.

ASNs can also use the following guidelines to accredit their medical programmes, using the dedicated guidelines that take account of the specificities of medicine in motor sport.

Furthermore, and in the longer term, it will be recommended that ASNs who wish to conduct FIA sanctioned events will be required to be accredited against the framework.

This publication will be periodically reviewed and updated.

OVERVIEW

BECOMING ACCREDITED

The accreditation requirements have been split between levels Achievement of Excellence, Progress towards Excellence and Commitment to Excellence and are expressed in terms of benchmark criteria. These benchmark criteria are directly mapped to their corresponding best practice principles from the best practice framework – like the framework, they have been divided into two key areas, namely *Competency Development* and *Programme Structure*. This structure applies to both ordinary officials and medical officials, the later requiring a specific accreditation process.

The benchmark criteria represent a range; the Commitment to Excellence criteria indicate a minimum standard, the Progress towards Excellence criteria indicate good practice, and Achievement of Excellence indicate what the FIA currently considers to be best practice. For each level, the benchmark criteria indicate the corresponding standard that should characterise an ASN's development programme for officials.

In order to achieve a certain level, an ASN will have to satisfactorily demonstrate that they align to the appropriate benchmarks. In some cases, not all of these criteria will apply, as an ASN's unique sporting environment may require a degree of variation – in cases where this is legitimately the case, a benchmark exemption may be granted.

It should be noted an ASN does not need to achieve the lower levels of accreditation before proceeding to the highest level i.e. Achievement of Excellence level – each application will be considered on its merits, and if an ASN applying for the first time, can satisfy the FIA that it aligns to the highest level (Achievement of Excellence), that level will be granted.

The process of accreditation will commence with the ASN completing an application form. The form will be designed to capture the requisite information to enable the FIA to determine if the ASN satisfactorily meets the benchmark criteria for the level for which it is applying. In some cases the FIA may need to liaise directly with the ASN or, for Achievement of Excellence level accreditation, may need to conduct an on-site visit.

Any ASN seeking accreditation will need to be an existing member of the FIA and pay an accreditation fee. All ASNs who achieve a level of accreditation will be recognised as having done so on the FIA's website and in FIA publications. Furthermore, they will also have access to a range of branding benefits including, but not limited to, use of exclusive accreditation logos. Accreditation will be awarded for a period of two years, with renewals required at each two-year anniversary.

As the best practice principles evolve or change over time, so will the benchmark criteria.

BECOMING A REGIONAL TRAINING PROVIDER

An ASN who wishes to become a regional training provider will first have to satisfy the requirements of Achievement of Excellence level accreditation. Those ASNs who ultimately become regional training providers will be expected to take a leadership role in their region and train other ASNs. Any ASN who applies to the Fund, and are seeking external expertise to improve or develop their programmes, will be required to use one of the recognised regional training providers.

ASNs who are acting as regional training provides will be listed on the FIA's website and in FIA publications. In addition, it will be clearly communicated to all ASNs that if they require support from the Fund, and require access to external expertise, that they must work with one of their regional providers. As part of this process the ASN seeking external expertise will need to collaborate with the regional training provider of its choice in preparing an annual grant request (proposal) to the Fund.

It will be the responsibility of the ASN seeking assistance to submit its proposal (i.e. not the regional provider), and if successful will be directly awarded a grant. The ASN will then pay the appropriate amount to the regional training provider for the services outlined in its proposal – this will be a condition of the grant, and will be clearly documented in the contract between the FIA and the ASN applying for funding.

An ASN seeking external assistance will be able to choose from those training providers within its region and its choice of provider will be entirely at its discretion. The FIA will not play a formal role in the process, and any arrangement between ASNs will be entirely at their discretion and will be their own responsibility.

ASNs can register as an RTP individually for ordinary official training or medical official training, or both should they so desire.

For further details on this process, please refer to the process map contained on the FIA website.

ACCREDITATION FEES

The accreditation costs are outlined in the table below:

Accreditation Level	Application Fee (one-off)	Renewal Fee (biennial)
Commitment to Excellence	€250	€250
Progress towards Excellence	€500	€250
Achievement of Excellence	€2,500 *	€1,250
Regional Training Provider	€10,000 *	€5,000

ASNs already accredited for ordinary officials training or medical training and wishing for both, need not pay a second accreditation fee.

* If an on-site visit is required, a portion of the expenses associated with the on-site visit may be payable by the ASN – these expenses would be determined in advance between the FIA and the ASN seeking accreditation.

THE GRADING SYSTEM

The following tables present the benchmark criteria for accreditation levels Achievement of Excellence, Progress towards Excellence and Commitment to Excellence. They are expressed in terms of their corresponding best practice principles from the best practice framework and are separated into areas *Competency Development* and *Programme Structure*.

FRAMEWORK AREA: COMPETENCY DEVELOPMENT

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
1. Training is competency based	• Training activities are focused on building core competencies which are directly linked to learning outcomes. • The competencies being taught are explicitly linked to the role of the official.	• Training activities are focused on building core competencies which are directly linked to learning outcomes. • The competencies being taught are explicitly linked to the role of the official.	• Training activities are focused on building core competencies which are directly linked to learning outcomes. • The competencies being taught are explicitly linked to the role of the official.
2. Instructional design is done by accredited training developers and is tailored to suit the delivery mechanism	• Instructional design is tailored to suit the delivery mechanism. • Instructional design meets minimum standards including the definition of learning objectives, materials for participants & instructors & a suitable mix of learning strategies.	• Instructional design and the final training deliverables are developed by appropriately qualified developers. • Instructional design is tailored to suit the delivery mechanism. • Instructional design meets minimum standards including the definition of learning objectives, materials for participants & instructors & a suitable mix of learning strategies.	• Instructional design and the final training deliverables are developed by appropriately qualified developers. • Instructional design is tailored to suit the delivery mechanism. • Best practice instructional design principles are applied to all training activities.
3. Training content is developed by subject matter experts	• Training content is developed by experts who are often senior officials.	• Training content is developed by experts who are often senior officials or other content experts.	• Training content is developed by experts who are often senior officials or other content experts.
4. Training is delivered using a blended learning model	• Training is delivered via an instructor, but no formal field assessments are conducted.	• The training required to attain a certain grade involves a combination of instructor led training and practical field assessments.	• The training required to attain a certain grade involves a combination of "classroom" based training (instructor-led or electronic) and practical field assessments.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
5. Key content areas essential to the development of the official are covered in the curriculum	• Content for all courses is determined by the competencies it is seeking to build i.e. the learning objectives. • Content is presented in the context of the motor sport environment and the safe conduct of motor sport events. • Content includes all areas relevant to the official's role.	• Content for all courses is determined by the competencies it is seeking to build i.e. the learning objectives. • Content is presented in the context of the motor sport environment and the safe conduct of motor sport events. • Content includes all areas relevant to the official's role.	• Content for all courses is determined by the competencies it is seeking to build i.e. the learning objectives. • Content is presented in the context of the motor sport environment and the safe conduct of motor sport events. • Content includes all areas relevant to the official's role.
6. The training curriculum has multiple tiers	• Training is available for new officials.	• Training is available for officials at various stages of the career lifecycle and includes: induction and upgrade. • Training is available for trainers. • Training courses are integrated vertically and horizontally as appropriate. • Clearly defined training plans exist explaining what training is required to attain a particular qualification.	• Training is available for officials at all stages of the career lifecycle and includes: induction; upgrade; and maintenance. • Training is available for trainers and assessors. • Training courses are integrated vertically and horizontally as appropriate. • Clearly defined training plans exist explaining what training is required to attain a particular qualification.
7. Training can be delivered via multiple channels	• Training delivered by an instructor (single channel).	• Training is delivered by an instructor (single channel).	• Training is available via an instructor, electronically (e-Learning) or other appropriate channel (multi-channel). • All courses available electronically are managed via an electronic learning management system (LMS).
8. Training is conducted both regionally and centrally	Not required	• Training is conducted at both the regional and central level. • Training is available in remote areas to ensure that officials conducting motor sport events in these locations have access to training.	• Training is conducted at both the regional and central level. • Training is available in remote areas to ensure that officials conducting motor sport events in these locations have access to training.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
9. Training modules are accredited by an independent third party	Not required	Not required	• Training modules are independently accredited by an appropriately qualified external body.
10. All officials receive training	• All officials receive training before they are allowed to officiate at a motor sport event.	• All officials receive training before they are allowed to officiate at a motor sport event. • All officials receive training prior to upgrading to the next level.	• All officials receive training before they are allowed to officiate at a motor sport event. • All officials receive training prior to upgrading to the next level.
11. The timing of training is linked to motor sport events	• Training courses are conducted as close to major motor sport events as possible to maximise the retention of skills and knowledge (competency) by the official.	• Training courses are conducted as close to major motor sport events as possible to maximise the retention of skills and knowledge (competency) by the official.	• Training courses are conducted as close to major motor sport events as possible to maximise the retention of skills and knowledge (competency) by the official.
12. Trainers & assessors are appropriately qualified	• Trainers are senior officials but do not necessarily have formal qualifications.	• Training is available for training trainers. • All trainers are appropriately qualified to carry out their roles. • Assessors are not formally qualified but are senior officials. • Trainers are periodically assessed on their effectiveness in performing their roles.	• Training is available for training trainers and assessors. • All trainers and assessors are appropriately qualified to carry out their roles. • Trainers and assessors are periodically assessed on their effectiveness in performing their roles.
13. Maintenance requirements exist to keep the competency of officials current	• A minimum level of event experience is required for the official to operate at a given level.	• Maintenance requirements are clearly defined, and may include a minimum level of event experience for the official to retain their level. • The official must provide proof that they have met maintenance requirements.	• Maintenance requirements are clearly defined and are aligned to industry standards, and may include a minimum level of event experience and maintenance training for the official to retain their level. • The official must provide proof that they have met maintenance requirements.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
14. Recognition of prior learning or experience is available (RPL/E)	Not required	Not required	• Where appropriate, RPL/E is available, allowing for an official to be granted an exemption from completing a specific component of the training. • Clear guidelines are readily available explaining RPL/E criteria and the application process. • The participant must provide evidence that RPL/E is applicable for the exemption for which they are applying.
15. A minimum level of event experience is required prior to upgrade	• Prior to being appointed to a senior event role, a minimum level of experience is required.	• Prior to upgrading to the next level, a minimum level of event experience is required in that role.	• Prior to upgrading to the next level, a minimum level of event experience is required in that role.
16. Approval is required for senior officials who are upgrading	• All officials who are being appointed to senior positions are approved by an internal peer group or single peer.	• All senior officials who are upgrading require approval from an independent body.	• All senior officials who are upgrading require approval from an independent approvals panel.
17. Key performance indicators determining training effectiveness align with targets	Not required	• Key performance indicators for training effectiveness are reviewed periodically and changes are made to training courses as appropriate.	• Clearly defined performance targets exist to measure training effectiveness. • Key performance indicators for training effectiveness align with performance targets. • Key performance indicators for training effectiveness are reviewed periodically and changes are made to training courses as appropriate.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
18. A continuous improvement approach is employed to keep the curriculum current	• Training is reviewed periodically & appropriate changes are made to ensure that training incorporates the latest content and that instructional design meets a minimum standard.	• Training is reviewed periodically & appropriate changes are made to ensure that training incorporates the latest content and that instructional design meets a minimum standard.	• The ASN employs a continuous improvement approach to ensure that the programme maintains quality and that training materials utilise the latest information, techniques, technology and instructional design. • A quality control monitoring systems is in place to allow for the ongoing gathering of feedback from participants & trainers. • Reviews of the entire programme take place periodically, typically every two-three years with minor reviews happening annually.
19. A succession planning programme is available	Not required	• An informal succession planning programme exists.	• A formal succession planning programme is in place and is designed to complement the training curriculum. • The programme is compulsory for senior officials.
20. A mentor programme is available	Not required	• An informal mentoring programme exists.	• A formal mentor programme is in place and is designed to complement the training curriculum. • The programme is not compulsory but is recommended.

FRAMEWORK ELEMENT: PROGRAMME STRUCTURE

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
1. A central body exists which is responsible for the governance of the programme	Not required	• A central body is appointed by the ASN to govern the programme and authorise changes as required. • The body is responsible for the development of strategy, policies and the subsequent creation of the programme. • The body is made up of subject matter experts, typically who are senior accredited officials, and who have core competencies in governance and strategy. • The body has clearly defined terms of reference and typically, is accountable to the ASN's board. • The body works in conjunction with the team responsible for managing the operational aspects of the programme, and it does so through the appropriate ASN senior executive.	• A central body is appointed by the ASN to govern the programme and authorise changes as required. • The body is responsible for the development of strategy, policies and the subsequent creation of the programme. • The body is made up of subject matter experts, typically who are senior accredited officials, and who have core competencies in governance and strategy. • The body has clearly defined terms of reference and typically, is accountable to the ASN's board. • The body works in conjunction with the team responsible for managing the operational aspects of the programme, and it does so through the appropriate ASN senior executive.
2. The ASN has the capacity to manage the operational aspects the programme	• The ASN allocates limited human resources to manage the operational aspects of the programme; however most actives are decentralised and done at a regional level. • Limited financial resources are allocated for the annual operational aspects of the programme.	• The ASN allocates appropriately qualified human resources to manage the operational aspects of the programme (which includes the development of an annual operational plan – refer to framework for further details). • Sufficient financial resources are allocated for the annual operational aspects of the programme.	• The ASN allocates appropriately qualified human resources to manage the operational aspects of the programme (which includes the development of an annual operational plan – refer to framework for further details). • Sufficient financial resources are allocated for the annual operational aspects of the programme.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
3. An appointments panel exists for upgrading senior officials	Not required	Not required	• An independent panel exists to approve the upgrading of senior officials. • The panel has clearly defined terms of reference and is accountable to the body responsible for the governance of the programme. • The panel is made up of members who are active senior officials and are appropriately qualified to perform their role.
4. A suit of programme specific policies exist	• Programme policies exist, are clearly defined and documented and readily accessible by officials. • Programme policies are enforceable. • Information on programme policies and processes are included in the appropriate training.	• Programme policies exist, are clearly defined and documented and readily accessible by officials. • Programme policies are enforceable. • Programme policies are supported by clearly defined and documented processes, and where appropriate, systems. • Information on programme policies and processes are included in the appropriate training.	• Programme policies exist, are clearly defined and documented and readily accessible by officials. • Programme policies align to industry standards and are enforceable. • Programme policies are supported by clearly defined and documented processes, and where appropriate, systems. • Information on programme policies and processes are included in the appropriate training.
5. Risk management polices exist & are accessible to officials	• Risk management policies exist, are clearly defined and documented and readily accessible by officials. • Risk management policies are enforceable. • Risk management is included as a dedicated topic in the appropriate training.	• Risk management policies exist, are clearly defined and documented and readily accessible by officials. • Risk management policies are enforceable. • Risk management policies are supported by clearly defined and documented processes, and where appropriate, systems. • Risk management is included as a dedicated topic in the appropriate training.	• Risk management policies exist, are clearly defined and documented and readily accessible by officials. • Risk management policies align to industry standards and are enforceable. • Risk management policies are supported by clearly defined and documented processes, and where appropriate, systems. • Risk management is included as a dedicated topic in the appropriate training.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
8. A member protection policy exists	Not required	Not required	• A member protection policy exists, is clearly defined and documented and readily accessible by officials. • The member protection policy aligns to industry standards and is enforceable. • The member protection policy is supported by clearly defined and documented processes, and where appropriate, systems. • Information on the member protection policy is included in the appropriate training courses.
7. Officials are required to sign a code of conduct	Not required	Not required	• A code of conduct defining what constitutes appropriate behaviour exists and is specific to the programme. • The code of conduct is based on the appropriate elements of the ASN's member protection policy and sporting rules. • Officials are required to sign the code of conduct. • Officials are sanctioned if they breach the code of conduct.
8. Insurance is available for officials	• Public liability insurance is available for officials and information on insurance is readily available. • Access to insurance is triggered with the provision of a current licence, or when the official registers at an event.	• Personal accident and public liability insurance are available for officials and information on insurance is readily available. • Access to insurance is triggered with the provision of a current licence, or when the official registers at an event.	• Personal accident and public liability insurance are available for officials and information on insurance is readily available. • Access to insurance is triggered with the provision of a current licence, or when the official registers at an event.
9. Officials must be registered and have appropriate indemnity for their roles.	Not required	Not required	Not required

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
10. Role definitions for all officials exist	Not required	• Roles and responsibilities for all motor sport officials exist, are clearly defined and documented and readily accessible by officials. • Information on roles and responsibilities for all motor sport officials are included in the appropriate training.	• Roles and responsibilities for all motor sport officials exist, are clearly defined and documented and readily accessible by officials. • Information on roles and responsibilities for all motor sport officials are included in the appropriate training.
11. The ASN is responsible for issuing licences	• No licences are issued, however the officials are registered with the ASN or a regional body.	• The ASN is responsible for coordinating the issuing of licences for officials. • The licensing system has been developed to support the programme strategy and policies. • The ASN has documented processes, systems and suitably trained human resources to issue licences.	• The ASN is responsible for managing the issuing of licences for officials, which is done via a centralised system. • The licensing system has been developed to support the programme strategy and policies. • The ASN has well defined and documented processes, appropriate systems and suitably trained human resources to issue licences.
12. The licensing system is electronic	Not required	• The licensing system is electronic and appropriately designed to serve its function. • The licensing system has the ability to record officials' participation data.	• The licensing system is electronic and appropriately designed to serve its function. • The licensing system has the ability to record officials' participation data. • Licensing information can be accessed and or modified remotely. • Licence applications can be completed on-line.
13. The licensing system supports multiple levels and categories	Not required	• The licensing system supports licences for multiple categories and for multiple levels (including FIA specific categories). • The licensing system has a separate category for trainers. • The licensing system allows for multiple licences to be held by any given official.	• The licensing system supports licences for multiple categories and for multiple levels (including FIA specific categories). • The licensing system has a separate category for trainers and assessors. • The licensing system allows for multiple licences to be held by any given official.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
14. All officials are licensed	• All officials are registered for the role that they are required to perform.	• All officials are registered for the role that they are required to perform. • All senior officials are licensed for the role that they are required to perform. • All senior officials are provided with a physical licence upon satisfaction of all conditions which includes all requisite information.	• All officials are licensed for the role that they are required to perform. • All officials are provided with a physical licence upon satisfaction of all conditions which includes all requisite information.
15. The programme is financially supported	• The programme is financially backed by the ASN so that the minimum financial resources required to carry out the operational aspects of the programme are available.	• The programme is financially backed by the ASN so that sufficient financial resources are allocated for the annual operational aspects of the programme. • A detailed budget exists.	• The programme is financially backed by the ASN, sponsors, other stake-holders and revenue streams so that financial resources are available for all aspects of the programme. • A detailed budget exists. • Sponsorship assets are well developed to provide maximum value to sponsors and other stakeholders.
16. The programme is supported with a strong brand capability	Not required	Not required	• A strong brand capability exists to allow for promotion of the programme. • The programme has its own identity, including logo, micro-website, apparel, colour schemes etc.
17. Annual prizes are awarded to outstanding officials	Not required	Not required	• Annual prizes are awarded to officials whose achievements and contribution are considered to be the most exceptional in comparison to their peers.

FRAMEWORK ELEMENT:
COMPETENCY DEVELOPMENT (MEDICAL TRAINING)

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
1. Training is competency based	• The training of doctors, other healthcare professionals and allied officials is based around core competencies, directly linked with learning outcomes. • The core competencies are explicitly linked to and relevant to the role of the official.	• The training of doctors, other healthcare professionals and allied officials is based around core competencies, directly linked with learning outcomes. • The core competencies are explicitly linked to and relevant to the role of the official.	• The training of doctors, other healthcare professionals and allied officials is based around core competencies, directly linked with learning outcomes. • The core competencies are explicitly linked to and relevant to the role of the official.

2. Instructional design is done by accredited training developers and is tailored to suit the delivery mechanism	• Instructional design is tailored to suit delivery.
	• Instructional design meets minimum standards and includes definitions of:
	  - learning objectives;
	  - learning strategies;
	  - materials for participants; and
	  - instructor status.
	• Instructional design includes a suitable mix of learning strategies.
		• Instructional design and the final training deliverables are developed by appropriately medically qualified developers.
		• Instructional design is tailored to suit delivery.
		• Instructional design meets minimum standards and includes definitions of:
		  - learning objectives;
		  - learning strategies;
		  - materials for participants; and
		  - instructor status.
		• Instructional design includes a suitable mix of learning strategies.
			• Instructional design and the final training deliverables are developed by appropriately medically qualified developers.
			• Instructional design is tailored to suit delivery.
			• Best practice principles in instructional design are applied to all training activities.

3. Training content is developed by subject matter experts	• Training content is designed and developed by experts who are experienced in the application of medicine in motor sport.	• Training content is designed and developed by:
		  - experts experienced in the application of medicine in motor sport; and
		  - other content experts.
			• Training content is designed and developed by:
			  - experts experienced in the application of medicine in motor sport; and
			  - other content experts.

4. Training is delivered using a blended learning model	• Training is delivered using instructor-led planned teaching activities.
	• Competence is assessed by observation during performance of these activities.
		• Training is delivered using:
		  - instructor-led planned teaching activities; and
		  - practical field exercises.
		• Competence is assessed by observation during performance of these activities.
			• Training is delivered using a combination of:
			  - classroom-based training delivered either by an instructor or e-learning; and
			  - practical field exercises.
			• Competence is assessed by reference to predetermined criteria.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
5. Key content areas essential to the development of the official are covered in the curriculum	• Content at this level is determined by the competencies sought which are described in the learning objectives. • Content is presented in the context of medicine in a motor sport environment3. • Content includes all areas relevant to the official's role at this level (see Official's framework document).	• Content at this level is determined by the competencies sought which are described in the learning objectives. • Content is presented in the context of medicine in a motor sport environment. • Content includes all areas relevant to the official's role at this level (see Official's framework document).	• Content at this level is determined by the competencies sought which are described in the learning objectives. • Content is presented in the context of medicine in a motor sport environment. • Content includes all areas relevant to the official's role at this level (see Official's framework document).

6. The training curriculum has multiple tiers	• Training is available for doctors, other healthcare professionals and allied officials at any stage of their career.
	• Clear training plans exist defining requirements for:
	  - those new to the specialty; and
	  - those who need maintenance and updating of skills.
	• Training includes the opportunities for maintenance of skills.
		• Training is available for doctors, other healthcare professionals and allied officials at any stage of their career.
		• Clear training plans exist defining requirements for:
		  - those new to the specialty;
		  - maintenance of skills; and
		  - further development.
		• Training includes the opportunities for:
		  - maintenance of skills; and
		  - further development.
		• Training is available for the trainers.
			• Training is available for doctors, other healthcare professionals and allied officials at any stage of their career.
			• Clear training plans exist defining requirements for:
			  - those new to the specialty;
			  - maintenance of skills; and
			  - further development.
			• Training includes the opportunities for:
			  - maintenance of skills; and
			  - further development.
			• Training is available for the trainers and assessors.

7. Training can be delivered via multiple channels	• Training is delivered by an Instructor.	• Training is delivered in most instances by an Instructor.
		• Training may be available from some organisations using an e-learning platforms.
			• Training is available via:
			  - an Instructor;
			  - e-learning platforms; and
			  - other appropriate channels.
			• All e-learning platforms are managed via an electronic learning management system (LMS).

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
8. Training is conducted both regionally and centrally	• Training is conducted at regional or central levels for doctors, other healthcare professionals and allied officials.	• Training is conducted at regional and central levels for: - doctors, other healthcare professionals and allied officials; and - Instructors. • Training is available in remote areas to ensure that medical officials involved in the conduct of motor sport in these locations have access to training.	• Training is conducted at regional and central levels for: - doctors, other healthcare professionals and allied officials; and - Instructors. • Training is available in remote areas to ensure that medical officials involved in the conduct of motor sport in these locations have access to training.
9. Training modules are accredited by an independent third party	• Not required.	• Training programmes are assessed by national organisations who can demonstrate experience and expertise in this field. *Note: If no national organisations with appropriate expertise exist, the ASN will liaise with the FIA for advice on accreditation.*	• Training programmes are independently assessed and accredited by nationally recognised and qualified external organisations who can demonstrate expertise in this field. *Note: If no national organisations with appropriate expertise exist, the ASN will liaise with the FIA for advice on accreditation.*
10. All officials receive training	• All doctors, other healthcare professionals and allied officials participating in motor sport events will receive training before they are allowed to work at a motor sport event.	• All doctors, other healthcare professionals and allied officials participating in motor sport events will receive training before they are allowed to work at a motor sport event. • Before progression to the next level of responsibility, all medical officials receive appropriate training.	• All doctors, other healthcare professionals and allied officials participating in motor sport events will receive training before they are allowed to work at a motor sport event. • Before progression to the next level of responsibility, all medical officials receive appropriate training.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
11. The timing of training is linked to motor sport events	• Training of all doctors, other healthcare professionals and allied officials is linked as closely as possible to motor sport events. This ensures maximum opportunity for competency development and skill retention.	• Training of all doctors, other healthcare professionals and allied officials is linked as closely as possible to motor sport events. This ensures maximum opportunity for competency development and skill retention.	• Training of all doctors, other healthcare professionals and allied officials is linked as closely as possible to motor sport events. This ensures maximum opportunity for competency development and skill retention. • Training takes place at other motor sport events and during practice sessions.
12. Trainers & assessors are appropriately qualified	• Trainers are senior officials. • Trainers have experience of participation in motor sport as a doctor, other healthcare professional or allied official. • All trainers undergo regular assessment of their effectiveness.	• Trainers are senior officials. • Trainers have experience of participation in motor sport as a doctor, other healthcare professional or allied official. • All officials wishing to participate as trainers possess a recognised pedagogical qualification. • Assessors are senior officials with experience of medicine in motor sport. • Training is available for training trainers. • All trainers and assessors will undergo regular assessment of their effectiveness.	• Trainers are senior officials. • Trainers and assessors have experience of participation at a senior level in motor sport as a doctor, other healthcare professional or allied official. • Trainers and assessors possess recognised pedagogical qualifications to perform their roles. • Training is available for training trainers and assessors. • All trainers and assessors undergo regular assessment of their effectiveness.
13. Maintenance requirements exist to keep the competency of officials current	• All doctors and healthcare professionals will be required to produce evidence of a license to practice (or equivalent) as an indication of medical competency. • A minimum level of event experience is required for the official to operate at any given level. • Proof of event experience may be required.	• All doctors and healthcare professionals will be required to produce evidence of a license to practice (or equivalent) as an indication of medical competency. • Maintenance requirements for officials are clearly defined and may include a minimum event experience in order to retain recognition. • All doctors, other healthcare professionals and allied officials	• All doctors and healthcare professionals will be required to produce evidence of a license to practice (or equivalent) as an indication of medical competency. • Maintenance requirements are clearly defined and are aligned to industry standards, and may include a minimum level of event experience and maintenance training for doctors, other healthcare professionals and allied officials to retain their level.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
		must provide proof that they meet current maintenance requirements.	• All doctors, other healthcare professionals and allied officials must provide proof that they meet current event experience and maintenance requirements.
14. Recognition of prior learning or experience is available (RPL/E)	• Where appropriate, RPL/E is available for all or components of training at this level. • The official provides evidence that RPL/E is applicable to the exemption applied for. • Training must be available for additional modules to allow the official to complete training. • Guidance is available detailing requirements for RPL/E and the application process.	• Where appropriate, RPL/E is available for training at this level. • The official provides evidence that RPL/E is applicable to the exemption applied for. • Training must be available for additional modules to allow the official to complete training. • Guidance is available detailing requirements for RPL/E and the application process.	• Where appropriate, RPL/E is available for training at this level. • The official provides evidence that RPL/E is applicable to the exemption applied for. • The evidence is from an organisation recognised as providing appropriate training in the area for which exemption is applied. • Guidance is available detailing requirements for RPL/E and the application process.
15. A minimum level of event experience is required prior to upgrade	• Prior to upgrading to the next level, a minimum level of experience is required in the individual's current role, which must be supported by the appropriate evidence. • Prior to being appointed to a senior event role the official is required to demonstrate appropriate competencies in their current role, by producing evidence from a recognised organisation.	• Prior to upgrading to the next level, a minimum level of event experience is required in the individual's current role, which must be supported by the appropriate evidence. • Prior to upgrading to the next level, the official is required to demonstrate the appropriate competencies in their current role, by producing evidence from a recognised organisation.	• Prior to upgrading to the next level, a minimum level of event experience is required in the individual's current role, which must be supported by the appropriate evidence. • Prior to upgrading to the next level, the official is required to demonstrate the appropriate competencies in their current role, by producing evidence from a recognised organisation.
16. Approval is required for senior officials who are upgrading	• All senior medical officials who are being appointed to senior positions require approval from the ASN.	• All senior medical officials who are upgrading require approval from an independent approvals body operating under the jurisdiction of the ASN.	• All senior medical officials who are upgrading require approval from an independent approvals body operating under the jurisdiction of the ASN.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
17. Key performance indicators determining training effectiveness align with targets	• Key performance indicators for training effectiveness are reviewed periodically and changes are made to training courses as appropriate.	• Key performance indicators for training effectiveness are reviewed periodically and changes are made to training courses as appropriate.	• Clearly defined performance targets exist to measure training effectiveness. • Key performance indicators for training effectiveness align with performance targets. • Key performance indicators for training effectiveness are reviewed periodically and changes are made to training courses as appropriate.
18. A continuous improvement approach is employed to keep the curriculum current	• A continuous improvement approach within the programme maintains quality and training materials. • A quality control system gathers feedback from participants and trainers. • Regular review and the incorporation of feedback informs the content and design of the training material.	• A continuous improvement approach within the programme ensures that training materials utilise current technology and instructional design. • A regular review of the training and assessment programme is undertaken by the ASN or an organisation with recognised expertise. • A quality control system gathers feedback from participants and trainers.	• A continuous improvement approach within the programme is employed by the ASN. • The ASN ensures that the programme maintains quality and training materials utilise current information, technology, techniques and instructional design. • A quality control system gathers feedback from participants and trainers. • Regular review of the entire training programme takes place every two years.
19. A succession planning programme is available	• An informal succession planning programme exists.	• An informal succession planning programme exists.	• A formal succession planning programme is in place and is designed to complement the training curriculum. • The programme is compulsory for senior officials.
20. A mentor programme is available	• An informal mentor programme exists to all who require support.	• An informal mentor programme exists to all who require support.	• A formal mentor programme is in place and is designed to complement the training curriculum. • The programme is not compulsory but is recommended.

FRAMEWORK ELEMENT:
PROGRAMME STRUCTURE (MEDICAL TRAINING)

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
1. A central body exists which is responsible for the governance of the programme	• A body, typically senior accredited doctors, other healthcare professionals and allied officials, is responsible for the development of a strategy, policies and the subsequent creation of the programme.	• A central body is appointed by the ASN to govern the programme and authorise changes as required. The appointed body has clearly defined terms of reference and is typically accountable to the ASN's board. • The body is made up of subject matter experts, typically senior accredited doctors, other healthcare professionals and allied officials who also have core competencies in governance and strategy. • The body is responsible for the development of strategy, policies and the subsequent creation of the programme. • The body works in conjunction with the team responsible for managing the operational aspects of the programme. It does so through an appropriate ASN senior executive. • The body will ensure development and strategy of the programme aligns with the FIA Medical Advisory Panel's guidelines.	• A central body is appointed by the ASN to govern the programme and authorise changes as required. The appointed body has clearly defined terms of reference and is typically accountable to the ASN's board. • The body is made up of subject matter experts, typically senior accredited doctors, other healthcare professionals and allied officials who also have core competencies in governance and strategy. • The body is responsible for the development of strategy, policies and the subsequent creation of the programme. • The body works in conjunction with the team responsible for managing the operational aspects of the programme. It does so through an appropriate ASN senior executive. • The body will ensure development and strategy of the programme aligns with the FIA Medical Advisory Panel's guidelines.
2. The ASN has the capacity to manage the operational aspects of the programme	• The ASN allocates appropriately qualified human resources to assist in the management of the operational aspects of the programme (which includes the development of an annual operational plan – refer to framework for further details).	• The ASN allocates appropriately qualified human resources (the project team) to manage the operational aspects of the programme (which includes the development of an annual operational plan – refer to framework for further details).	• The ASN allocates appropriately qualified human resources (the programme team) to manage the operational aspects of the programme (which includes the development of an annual operational plan – refer to framework for further details).

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
	• Limited financial resources are allocated for the operational aspects of the programme and presented in an annual budget.	• Sufficient financial resources are allocated for the operational aspects of the programme and presented in an annual budget.	• Sufficient financial resources are allocated for the operational aspects of the programme and presented in an annual budget.
3. An appointments panel exists for appointing and upgrading senior officials	• Not required	• Not required	• An independent panel exists to approve the accreditation or upgrading of doctors, other healthcare professionals and allied officials. • The panel will consist of; senior doctors, other healthcare professionals and allied officials who are appropriately qualified to perform their role and the Chief Medical Officer of the ASN. • The panel has clearly defined terms of reference and is accountable to the body responsible for the governance of the programme.
4. A suit of programme specific policies exist	• Programme policies exist, are clearly defined and documented and readily accessible by officials. • Programme policies conform to national healthcare standards and are enforceable. • Information on programme policies and processes are included in the appropriate training.	• Programme policies exist, are clearly defined and documented and readily accessible by officials. • Programme policies are supported by clearly defined and documented processes, and where appropriate, systems. • Programme policies conform to national healthcare standards and are enforceable. • Information on programme policies and processes are included in the appropriate training.	• Programme policies exist, are clearly defined and documented and readily accessible by officials. • Programme policies are supported by clearly defined and documented processes, and where appropriate, systems. • Programme policies conform to national healthcare standards and are enforceable. • Information on programme policies and processes are included in the appropriate training.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
5. Risk management polices exist and are accessible to officials	• Risk management policies exist, are clearly defined and documented and readily accessible by doctors, other healthcare professionals and allied officials. • Risk management policies align to recognised medical and healthcare professional safety standards. • Risk management may be included as a dedicated topic in the appropriate training	• Risk management policies exist, are clearly defined and documented and readily accessible by doctors, other healthcare professionals and allied officials. • Risk management policies align to recognised medical and healthcare professional safety standards. • Risk management policies are supported by clearly defined and documented processes, • Risk management must be included as a dedicated topic in the appropriate training.	• Risk management policies exist, are clearly defined and documented and readily accessible by doctors, other healthcare professionals and allied officials. • Risk management policies align to recognised medical and healthcare professional safety standards. • Risk management policies are supported by clearly defined and documented processes, • Risk management must be included as a dedicated topic in the appropriate training.
6. A member protection policy exists	• A member protection policy exists, is clearly defined and documented and readily accessible by doctors, other healthcare professionals and allied officials. • The member protection policy aligns to medical and healthcare standards and is enforceable.	• A member protection policy exists, is clearly defined and documented and readily accessible by doctors, other healthcare professionals and allied officials. • The member protection policy aligns to medical and healthcare standards and is enforceable.	• A member protection policy exists, is clearly defined and documented and readily accessible by doctors, other healthcare professionals and allied officials. • The member protection policy aligns to medical and healthcare standards and is enforceable. • The member protection policy is supported by clearly defined and documented processes. Information on the member protection policy is included in the appropriate training courses.
7. Doctors, other healthcare professionals and allied officials are required to sign a code of conduct	• A code of conduct for doctors, other healthcare professionals and allied officials, defining what constitutes appropriate behaviour at a motorsport event exists and is specific to the programme.	• A code of conduct for doctors, other healthcare professionals and allied officials, defining what constitutes appropriate behaviour at a motorsport event exists and is specific to the programme.	• A code of conduct for doctors, other healthcare professionals and allied officials, defining what constitutes appropriate behaviour at a motorsport event exists and is specific to the programme.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
	• The code of conduct is based on the appropriate elements of the professional and ethical code pertinent to doctors, and other healthcare professionals. • Officials are sanctioned if they breach the code of conduct.	• The code of conduct is based on the appropriate elements of the professional and ethical code pertinent to doctors, and other healthcare professionals. • Officials are sanctioned if they breach the code of conduct.	• The code of conduct is based on the appropriate elements of the ASN's member protection policy and sporting rules and the professional and ethical code of conduct pertinent to doctors, and other healthcare professionals. • Officials are required to sign the code of conduct. • Officials are sanctioned if they breach the code of conduct.
8. Insurance is available for doctors, other healthcare professionals and allied officials.	• Personal accident and public liability insurance are available for doctors, other healthcare professionals and allied officials. This does not relate to indemnity for medical negligence, which must be considered a separate issue for doctors and other healthcare professionals. • Information on insurance is readily available. • Access to personal accident insurance is triggered with the provision of a current licence, or when the official registers at an event.	• Personal accident and public liability insurance are available for doctors, other healthcare professionals and allied officials. This does not relate to indemnity for medical negligence, which must be considered a separate issue for doctors and other healthcare professionals. • Information on insurance is readily available. • Access to personal accident insurance is triggered with the provision of a current licence, or when the official registers at an event.	• Personal accident and public liability insurance are available for doctors, other healthcare professionals and allied officials. This does not relate to indemnity for medical negligence, which must be considered a separate issue for doctors and other healthcare professionals (see BPP 9). • Information on insurance is readily available. • Access to personal accident insurance is triggered with the provision of a current licence, or when the official registers at an event.
9. All doctors and healthcare professionals must be registered and have appropriate personal medical indemnity for their roles.	• A regional body recognised by the ASN has a process in place to check and record that all doctors and healthcare professionals are registered and/or licensed and have appropriate personal medical indemnity.	• The ASN has a process in place to check and record that all doctors and healthcare professionals are registered and/or licensed and have appropriate personal medical indemnity.	• The ASN has a process in place to check and record that all doctors and healthcare professionals are registered and/or licensed and have appropriate personal medical indemnity.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
10. Role definitions exist for all doctors, other healthcare professionals and allied officials.	• Roles and responsibilities exist for all motor sport doctors, healthcare professionals and allied officials; these are clearly defined, documented and readily accessible. • Information on roles and responsibilities for all doctors, other healthcare professionals and allied officials are included in the appropriate training.	• Roles and responsibilities exist for all motor sport doctors, healthcare professionals and allied officials; these are clearly defined, documented and readily accessible. • Information on roles and responsibilities for all doctors, other healthcare professionals and allied officials are included in the appropriate training.	• Roles and responsibilities exist for all motor sport doctors, other healthcare professionals and allied officials; these are clearly defined, documented and readily accessible. • Information on roles and responsibilities for all doctors, other healthcare professionals and allied officials are included in the appropriate training.
11. The ASN is responsible for issuing licences	• No licenses are issued. • All doctors, healthcare professionals and allied officials are registered with the ASN or recognised regional body.	• The ASN is responsible for coordination of the issuing of licenses for doctors, healthcare professionals and allied officials. • The ASN has documented processes, systems and suitable trained human resources to issue licenses.	• The ASN is responsible for centrally managing the issuing of licences for doctors, healthcare professionals and allied officials. • The license system has been developed to support the programme strategy and policies. • The ASN has well defined and documented processes, appropriate systems and suitable trained human resources to issue licenses.
12. The licensing system is electronic	• An electronic system for registration of doctors, healthcare professionals and allied officials is not essential but is desirable. • The registration system has the ability to record officials' participation data.	• The licensing system is electronic and appropriately designed to serve its function. • The licensing system supports licenses for multiple categories and levels (including those specified by the FIA). • The licensing system has a separate category for accredited trainers. • The licensing system has the	• The licensing system supports licenses for multiple categories and levels (including those specified by the FIA). • The licensing system has a separate category for accredited trainers and assessors. • The licensing system has the capacity for multiple licenses to be held by any given doctor, healthcare professional or allied official.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
		capacity for multiple licenses to be held by any given doctor, healthcare professional or allied official. • The licensing system has the ability to record officials' participation data.	• The licensing system has the ability to record officials' participation data.
13. The licensing system supports multiple levels and categories	• Not required.	• The licensing system supports licences for multiple categories and for multiple levels (including FIA specific categories). • The licensing system has a separate category for trainers. • The licensing system allows for multiple licences to be held by any given official.	• The licensing system supports licences for multiple categories and for multiple levels (including FIA specific categories). • The licensing system has a separate category for trainers and assessors. • The licensing system allows for multiple licences to be held by any given official.
14. All officials are licensed	• All doctors, healthcare professionals and allied officials are registered at a regional level for the roles that they are required to perform.	• All doctors, healthcare professionals and allied officials are registered with the ASN for the role that they are required to perform. • All senior doctors, healthcare professionals and allied officials are licensed for the role that they are required to perform. • All senior doctors, healthcare professionals and allied officials are provided with a physical licence upon satisfaction of all conditions which includes all requisite information.	• All doctors, healthcare professionals and allied officials are licensed for the role that they are required to perform. • All doctors, healthcare professionals and allied officials are provided with a physical licence upon satisfaction of all conditions which includes all requisite information.

Best Practice Principle (BPP)	Commitment to Excellence (benchmarks)	Progress towards Excellence (benchmarks)	Achievement of Excellence (benchmarks)
15. The programme is financially supported	• The programme is financially backed by the ASN to provide the minimum financial resources required to carry out the operational aspects of the programme.	• The programme is financially backed by the ASN to provide sufficient financial resources for the annual operational aspects of the programme. • A detailed budget exists.	• The programme is financially backed by the ASN, sponsors, other stake-holders and revenue streams so that financial resources are available for all aspects of the programme. • A detailed budget exists. • Sponsorship assets are well developed to provide maximum value to sponsors and other stakeholders. • A 'no conflict of interest' policy is established and adhered to.
16. The programme is supported with a strong brand capability	• Not required	• Not required	• A strong brand capability exists to allow for promotion of the programme. • The programme has its own identity, including logo, microwebsite, apparel, colour schemes etc.
17. Annual prizes are awarded to outstanding doctors, other healthcare professionals and allied officials.	• Not required	• Not required	• Not required