What do we expect from FIMS?

The International Federation of Sports Medicine (FIMS) has come to something of a crisis in recent years and some problems must be faced if we are to help it recover.

FIMS originally overlapped considerably with the IOC Medical Commission, but the increasing pressures of modern sport and its politics led to some dichotomy. Nevertheless, practical cooperation between IOC and FIMS includes many joint courses, which continue to this day. Given the enormous financial power of the IOC, its recent assumption of increasing sports medical ambition might invite conflicts of interest with the poor but democratic FIMS.

Central to FIMS’ weakness has been lack of political influence despite growing academic achievements and this partly reflects its poverty. Political influence needs recognition and financial independence. Recognition of FIMS means identifiable relationships with international agencies such as WHO/UNO/UNESCO as well as the IOC and AGFI. While academic and committee cross-invitations are extended, political interchange is, for the most part, meaningless. The facts of life dictate that strong organizations don’t surrender anything to the weak unless forced to do so.

The brutal fact is that, especially without financial power, FIMS is not perceived to offer anything to the power-brokers of international sport, which they don’t think they can buy for themselves without having to compromise their autonomy. In joint projects, political reality dictates that the FIMS’ interest comes a slow second to the big brothers’, as shown by the IOC sports medicine textbook series. Despite contributing the original text gratis, FIMS has not derived financial strength from expected royalties and is not widely perceived as the main source of the series. This reflects political naïveté rather than conspiracy, but shows the difficulty FIMS has in defining its role.

It would be poor business to sponsor a group who can’t do anything for themselves. Hence FIMS needs to achieve some financial self-sufficiency. Happily the present Treasurer’s enormous efforts have restored order and basic financial discipline to FIMS. The central problem concerns membership and member subscriptions.

Individuals traditionally qualified for FIMS membership by completing its Basic Course. This brought no tangible service. Pursuing thousands of small subscriptions around the world is unrealistic. Attempts to provide a service to individuals have floundered. The recent one-issue glossy FIMS Journal cost some DM140,000 (of sponsors’ money) but could not get to the people for lack of cheap, effective distribution.

Hence our belief that FIMS must serve directly as its members the national Sports Medicine Associations (SMA), rather than thousands of individuals beyond. More realistic affiliation fees must reflect national membership and economic strength. Allowance can be negotiated for poorer members, but representation must become more reflective of actual sports medical strength than geography alone. Which brings us to regionalism.

FIMS has long discussed Regionalization. Perhaps its time has come. Original plans were scuppered not by much-maligned European factions but developing countries unwilling to sacrifice autonomy. That may have yielded to a realization that we cannot repeat the sort of cabaret seen at recent Councils of Delegates where individual manoeuvring over-ride international cooperation.

A central weakness of the FIMS Executive has been that individual members have often lacked a mandate to deliver on their policies. An Executive of mandated Regional Officers might close the gap between policy and implementation. Regional groups might in turn comprise mandated Executives from the local SMAs. This might change the usual criticism of international committees – free holidays for the self-promoting few, irrelevant to individuals and their SMAs.

What of the British attitude? There has been ambiguity of attitude towards FIMS over the years. Avid supporters have tried to develop its ideals of fraternity, others have remained indifferent. Some hostility is against perceived dirigisme.

However, BASM’s Executive recently reaffirmed its belief that FIMS does represent an ideal to be pursued. Most support a fraternal contact organization – but not a replica of those agencies dominated by some factions seeking to control the rest. Recent scare stories about the European Commission seeking to have its faceless non-sports medical bureaucrat lay down our standards should be dismissed with the contempt they deserve.

October’s European Congress of Sports Medicine will be the last major FIMS event before the Athens World Congress of September 1994 and a good time to press for constructive developments in FIMS.

Editorial changes

We are sad to announce the retirement of Mr Paul Stableforth MB, FRCS as Surgery Editor. Throughout the past five years of the Journal’s difficult transition he has brought clarity and practicality to our deliberations. All the energies of the international athlete ensured a rapid and efficient return of manuscripts, with their characteristically terse well-pointed annotations. His great experience helped me steer the changes in the Journal and I shall miss his wit, bonhomie and common sense.

We welcome Mr John Dooley, BSc, MB, FRCS, FRCS(C), who now takes up the reins as Surgery Editor. He grew up in Zambia and studied medicine at Cape Town University. After pre-Fellowship training at Groote Schuur he trained in orthopaedics in England and Canada. He is currently a Consultant in Orthopaedics at Hillingdon and Mount Vernon Hospitals and serves as Co-Editor of Current Medical Literature in Orthopaedics. His sports medical training began on the rugby touchline for club, provincial and national teams in South Africa and was extended during Fellowship training in Toronto.

Peter Sperryn
Editor-in-Chief
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P Sperryn

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