Letter to the Editor

Editorial – Sports medicine on the line?

Br J Sports Med 1994; 28: 3

As a British trained physician, who left the United Kingdom in search of appropriate sports medicine training, it was with interest that I read your editorial in the *British Journal of Sports Medicine* (28: 3).

Like you, I agree that sports medicine coverage should be beyond 'élite sport's rare birds', and should be global and available to all. This approach would indeed jive well with the government's previous 'Sport for All' policies. If this global approach is to be possible, (given the present health system in the United Kingdom), this coverage would need to be provided by the National Health Service. Rightly, there are issues of prioritization of finite resources, however, significant anomalies exist. The National Health Service provides excellent care for those who smoke cigarettes, and for those with lifestyles which lead them to contract sexually transmitted diseases, however, it appears to be irresponsible for the 'fall out' of a 'Sport for All' policy. Unlike other European nations (notably Finland and The Netherlands) there appears to be ignorance of the positive benefits of exercise and the improved health of a nation of exercisers.

I have recently attended the International Symposium for Diversity of Sports Medicine Training, held by the American College of Sports Medicine at its most recent Annual Meeting in Indianapolis. There were speakers from the USA, Australia, Canada, Finland, Holland and England. Apparent to all of those in the audience was how backward in our thinking and behind in our results are the efforts of sports medicine in the United Kingdom. In those

countries where significant steps have been made there has been a realization that the lion's share of sports medicine could and should be practised by primary care physicians. Multi-specialty clinics where primary care sports medicine physicians use orthopaedic surgeons, rheumatologists, podiatrists and radiologists as consultative services, provide the most efficacious way of delivering sports medicine care for all. Fundamental to this process is the realization that a training in primary care medicine, prior to a specialized sports medicine training, is essential such that those individuals deemed as primary care sports medicine specialists may indeed deal with all athletes' problems – including physiological and psychological advice, gynaecological services and team physician's experience. Implicit to this argument is appreciation that neither MRCP nor FRCS are the appropriate initial training for the providers of comprehensive sports medicine – primary care sports medicine physicians.

For sports medicine to succeed in Great Britain and to catch up to the rightful position it deserves on the world stage, a stand must be made to create a physicians group for Sports Medicine (British Association of Sports Physicians). Furthermore, the appropriate primary care training must be encouraged to precede any specialized training programme that may in the future be developed for primary care sports medicine physicians.

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