‘All animals are equal but some animals are more equal than others’ (George Orwell, ‘Animal Farm’). Medicine, it has been said, is an art founded on science and supported by technology and the same is necessarily true of its specialisms. That Sports Medicine is multi-disciplinary in the sense that its practice involved the activities of a large and disparate group of clinicians, scientists, and technicians is beyond doubt. Each has his role in the ordered structure of things, a role which inevitably carries with it both privileges and responsibilities. By definition Sports Medicine must be clinical, that is to say, related to the preservation or restoration of health within the context of sport and it is, therefore, the clinician who has the most significant role to play in its practice. Other disciplines, whatever their intrinsic importance and academic worth, must of necessity be in this context subservient in so far as they support clinical practice.

One of the most difficult problems in the administration of Sports Medicine today lies in reconciling the interests of the various disciplines associated directly or indirectly with its practice, particularly from an organisational point of view. The problem derives in part from the disparity in educational standards demanded of their practitioners. This is not in any sense to denigrate one discipline nor to exalt another, it is merely to redefine a self-evident fact in the sense that one may observe that in general a poplar tree tends to be taller than an apple tree without prejudice to either. Just as in planting an arboretum one must take into account the characteristics of the particular trees to be grown, equally in the organisation of a multi-disciplinary society appropriate notice must be taken of the different characteristics of the individual disciplines involved. From an academic point of view any standard setting is inevitably discriminatory — indeed unless some degree of discrimination is practised there will be no standards whatever!

Most National Associations of Sports Medicine as well as the International Federation have sought to define differential standards for membership which will be both acceptable to the more highly qualified and experienced while yet achievable by those of more limited attainments. Inevitably this means that there are ranks in the hierarchy or organised Sports Medicine, as indeed such ranks are to be found in the hierarchy of any academic institution, and these ranks are essential to the well-being of the organisation. In most cases, as in the case of the International Federation, the ranking is not based upon the individual’s particular discipline but rather upon his proven expertise and ability within it. Such an arrangement is quite in keeping with the principles of natural justice and is in general uniformly acceptable, since any resultant discrimination is seen as essential if the organisation is to retain its academic credibility. It is for this reason that full membership of the International Federation of Sports Medicine is available only to a relatively limited number of individuals without reference to their own particular academic discipline (for example, of the eight full members of the International Federation of Sports Medicine who are members of the British Association of Sport and Medicine, two are not medically qualified but are nevertheless internationally recognised experts in their own field). Associate membership of the F.I.M.S. is available to medical practitioners on a much less demanding basis and collegiate membership is shortly to be available at a similar level to non-medical practitioners who meet the required academic standard and demonstrate an appropriate degree of involvement in Sports Medical practice.

It has been suggested that differentiation between medical practitioners and others in F.I.M.S. is a destructive form of discrimination but this does not take into account the peculiar role of the International Federation of Sports
Medicine in acting as an international professional body. Such a differentiation is common practice in many National and International Organisations, an example of which in the U.K. is the British Orthopaedic Association which requires its Fellows to be Orthopaedic Surgeons but admits to Companion Fellowship individuals in other disciplines.

In recent years it has become more and more apparent that the British Association of Sport and Medicine is seriously disadvantaged by its lack of differentiation amongst its members. Strident accusations of medical exclusivism and what at times appears to be an almost pathological egalitarianism cannot hide the fact that the British Association of Sport and Medicine, in claiming and seeking to be all things to all men, is in very real danger of becoming nothing to nobody. It is not a matter of coincidence that since membership of the B.A.S.M. became open to a variety of different disciplines, five specific disciplinary groups, any of which it could be argued could find a corporate identity within the B.A.S.M. have found it necessary to form other organisations outside the B.A.S.M. to pursue their legitimate sectarian interests. The only people who have not yet done so are registered medical practitioners and the day may not be that far off when they too find the B.A.S.M. inadequate and unsatisfying as a professional organisation. The very egalitarianism of which some members of the B.A.S.M. seem so proud is in fact a positive disincentive to membership among a significant number of individuals who might otherwise be reasonably expected to join. Just as in the United States of America some medical practitioners have become disenchanted with the American College of Sports Medicine and have set up other organisations, so there is a real risk of the same occurring in Britain.

What makes the situation of the B.A.S.M. even more unsatisfactory is that while superficially egalitarian the Association exhibits too often the application of double standards. As an example of the latter may be taken the curious almost schizophrenic attitude of certain members who complain volubly when properly criticised for the low academic standard of their presentations and yet demand to be accorded the same rights and respect as, for example, a clinical professor. If dual standards are to continue to be the order of the day in the B.A.S.M. then it is time they were recognised and codified to the advantage of all concerned.

The time has now surely come when, if the B.A.S.M. is to grow in prestige and competence, some stratification of membership is necessary. Such a stratification of membership is necessary. Such a stratification must be based on clearly defined principles of expertise, ability, involvement and academic standard. Clearly such a stratification will not be without its problems — are there, for example, to be different categories of subscription, different categories of eligibility for office and so on? These answers may not be easy to find but found they must be if the Association is to survive and develop as a true professional body for practitioners of Sports Medicine in the United Kingdom. At a time when the practice of Sports Medicine is becoming recognised and academically respectable, the British Association of Sport and Medicine is lagging behind: It does not command the respect of Government Departments, Royal Colleges and the Universities. In recent years it appears to have shown itself too interested in quantity and not interested enough in quality, too interested in inter-disciplinary involvement and not interested enough within the discipline of medicine itself. There are too many people engaged in this field in the U.K. who should be members of the National Sports Medical Association but who are not members of the British Association of Sports and Medicine — the corollary may also apply. The United Kingdom now desperately needs a professional body for medical practitioners in the field of Sports Medicine, and serious consideration must therefore be given to the future role of the B.A.S.M. Is it to evolve (as I personally hope it will) to become that professional body or must it slide into obscurity as a mere ‘talk shop’, making way for a new, properly structured, academically sound and dynamic organisation which is needed to fill the present vacuum?

J. G. P. Williams, FRCS

RIPOSTE! Who will pick up the glove? Editor B.J.S.M.