

Sports Medicine – where are the specialists?

The Amsterdam World Congress's open forum 'Sports Medicine – Hobby or Profession?'¹ drew no conclusion and this vexing conundrum is one which obstinately presents itself for regular review wherever Sports Medicine is practised. What about Britain?

BASM's efforts have ensured that about 1500 postgraduates have completed the week-long basic courses conforming to international (FIMS) standards since 1975. Most attenders are general practitioners, with a few from industry, student health and the hospitals, including a few consultants from diverse specialties. The earlier 30% of physiotherapists has suffered from rising fees, the recent Lilleshall course featuring only five out of 55.

BASM's advanced courses started in the early 1980s, crystallizing into the current modular courses meeting the requirements of the Society of Apothecaries' diploma examination. Then, ten years ago, the London Hospital started its course, lately raised to London University diploma status. There is now a small group of highly enthusiastic diplomates active in the British sports medicine scene and coming through into BASM office nationally and regionally.

We now have perhaps a thousand British doctors who have completed the BASM/FIMS basic one week course and a small number who have actually acquired a diploma in sports medicine. The openly examined diplomas from the Scottish Colleges and the Apothecaries are effectively equal and the London diploma, though closed, is accepted *pari passu*. The problem is that all these diplomas tread a narrow path between specialist and generalist knowledge and expertise. Inevitably, they do not represent completion of training or specialist status.

Although BASM has been all too successful in laying a foundation of basic skills in general practice, it has failed to lobby for and promote the recognition of sports medicine at specialist academic level. While the Royal Colleges exist to promote the highest standards of medical practice, unfortunately they have, perhaps cynically and certainly selfishly, confined their interest in sports medicine to organizing examinations and extracting fees from self-taught enthusiasts while eschewing any responsible role in the practice, let alone the promotion, of the subject.

If a British sports medicine diploma is now equivalent to diplomas in, for instance, obstetrics or child health, then it is to be seen as a first step up the career ladder leading, in conjunction with an MRCP or FRCS, through up to a decade of experience to specialist recognition and a consultant post. Surely we should be training selected senior registrars and other specialists in sports medicine? There is no reason why we cannot formulate attachments which would justify, say, one year of an extended senior registrarship in orthopaedics, trauma, medicine, clinical physiology, or others. The successful new consultant would work as physician, or surgeon, *with special interest in Sports Medicine*. In this way, we would identify and train the enthusiasts and improve the quality of hospital work in this field as well as having a starting point for reference centres, teaching and research.

Why do we need this? Firstly, to do justice to our keen young doctors thwarted in their search for careers in the wide field of exercise and health. Secondly, to give the recognition long overdue to this field. It is, we are repeatedly told, supposed to be the cornerstone of the nation's better health, but nobody will take a lead in kick-starting it.

There may be more pressing reasons. The public can easily imagine in today's climate of indiscriminate market forces in health, that (s)he who advertises must be good. Witness the rash of self-promoting announcements in every public changing room. How qualified are the drum-beaters? If the less squeamish brethren from physiotherapy and chiroprody merrily abandoned the idea of ethical constraint in self promotion, how much longer should ambitious young doctors be held back in the scramble for the same lesions? In the High Streets the quacks may already be entrenched as the public's perceived experts. Health service managers, like W. S. Gilbert's admiral who never went to sea, are also keen to make their mark in clinical fields, having already promoted chiropracist-mediated foot surgery in the name of economy. However, many bargains are false economies. We now have cheap and cheerful sports medicine and there is a danger that we are, by default, quite near a point of no return where the 27-year-old expert in sports medicine is the only available 'specialist'.

Reference

Observateur Médecine Sportive. Vignette scientifique. *Br J Sports Med* 1990; 24; 147–8.