BASM’s Clinic Register

The British Association of Sport and Medicine’s Objects include practice, education and research in sports medicine, and publication of information. In 1994 the British Journal of Sports Medicine will happily publish BASM’s third Register of Sports Injury and Physiotherapy Clinics, now to be updated annually.

Although the Sports Council used to list a couple of dozen hospital-based clinics, it fell to BASM to set up and pay for the first full clinic survey. Its tentative listing of 137 British clinics appeared in 1987 “derived principally from enquiries carried out by BASM” to help its officers meet queries. Difficulties concerned identifying clinics in an unrecognized specialty and trying to link entries with standards in default of those criteria of professional training, certification and appointment which so easily define other specialties.

A computer database was set up to produce the second Register, published in September 1990. Questionnaires elicited details of 250 clinics; 117 were classified as ‘Sports Injury Clinics’ if staffed by a medical doctor and a Chartered Physiotherapist, and 133 were called ‘Sports Physiotherapy Clinics’ with only a Chartered Physiotherapist. It incorporated the 53 medically-staffed clinics approved by the British Olympic Association for elite squads. The Third Edition makes greater detail available of some 220 clinics throughout the country.

Athletes know from the blatant self-advertisements of magazines and changing-room walls that there are more ‘sports clinics’ than this. Why are they unlisted? The answer concerns standards, contentious when dependent more on peer-group approbation than objective professional criteria.

BASM’s declared intent, in its 1988 Draft Protocol for Sports Clinic Recognition, was to protect public and professionals alike with minimum basic standards of training and experience. As a ‘sports clinic’ was merely any room so designated, it pointed out that professional standards are the real key to recognition. “A Clinic can be only as good as its professional staff . . . Sports Medicine is bedevilled by underqualified enthusiasts and as expensive hi-tech studios are not, regrettably, synonymous with high professional expertise it is vital that ‘the doctor’ rather than ‘the plant’ be the prime target of recognition.” Not very much has changed since then.

While the eventual aim of BASM’s Clinic Register is to offer a comprehensive guide to available services, ‘Michelin Guide’-type gradings are some way off, partly because of legally controlled professional ethical constraints, but also because of the difficulty in assessing and comparing professional merit in a developing young field. Nevertheless, the Register’s details and admission criteria define the sort of ‘bottom line’ which enables the discerning patient to avoid some of the quacks with their High Street nostrums.

What a pity, therefore, that the same Sports Councils which have done so little, except in Scotland, to develop our clinics have allowed the advertising of unprofessional clinics in their own publications, a habit followed by sports magazines in pursuit of instant stories but short on intelligent contributions to the development of the infrastructure necessary to sustain them.

For those able to persuade themselves that private medicine offers better answers for poor athletes, recognition by health insurers of specialist benefit payment status for doctors who fulfill certain limited training and experience criteria is a step forward in the recognition of sports medicine.

However, even as elective hospital out-patient services continue to be eroded, the under-privileged majority of our sports injured depend on the NHS. Queues are again growing as public clinics are squeezed. Royal Colleges and Hospital Trusts alike have failed to meet public need for sports medicine. The part-time one-man band of the National Sports Medicine Institute commands neither budget nor clinical staff.

So it is difficult to deny that great scope for clinic initiatives lies with the national representative sports medicine membership organization – BASM. To ensure success its partners will, one of these days, have to be the reluctant and parsimonious sport governing bodies themselves. Their evasion of their responsibilities for the proper provision of medical facilities has done much to diffuse the pressure for progress which should and could have established a fully national chain of expert orthodox sports medicine clinics two decades ago.

Can the Association lead such an initiative?

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