

Editorials

Warm up

The 1995-96 rugby season left us with images of foul play and injury on the pitch and during the summer we had allegations of foul play off the pitch. Money has had a major effect on rugby. Talk of television contracts and huge salaries paid to players have heralded the accelerated professionalism of the sport and the entire character of the game is likely to change. The law has also made a dramatic entrance and Edward Grayson emphasises that the law of the land, civil and criminal, does not stop at the touch line and that doctors and lawyers should work together to eliminate deliberate violent foul play. Parents and players will also be especially interested in the study of injuries in school and senior club rugby.

The centenary Olympics were notable for the tremendous achievements of women and the huge increase in women participants, even from countries where this may have been culturally unacceptable in the past. The next cohort of Olympians will already be training for Sydney, but among women athletes and coaches is a new awareness of the hazards of low body weight, amenorrhoea, and osteoporosis. In this issue we publish a randomised controlled trial in osteoporosis and an editorial on the same theme. Coincidentally we publish a paper exploring the effect of altered reproductive function and lowered testosterone on bone density on male endurance athletes.

Royalty, Royal Colleges, purple prose or progress

Our colleagues at the Institute of Sports Medicine are to be congratulated on hosting one of the most important events in British sports medicine. At a lecture and dinner in St James Palace, in the presence of HRH The Prince Philip, Duke of Edinburgh, on the occasion of the first award by the Institute of The Prince Philip Medal in Sports Medicine to Professor Archie Young, Dr Dame Fiona Caldicott gave an address which will have major implications for the future of sports medicine in the British Isles. She announced the establishment of a Board of Sport and Exercise Medicine.

The context of this statement is as important as its content. Dr Dame Fiona Caldicott is the chairperson of the Academy of Medical Royal Colleges, which is comprised of the Presidents of the medical Royal Colleges and their faculties. The Academy had formed an intercollegiate steering group for sports and exercise medicine to establish principles upon which a Board of Sports and Exercise Medicine might be founded. They submitted a proposal, which was accepted, and a small working group has been formed which will be chaired by Dr John Brindle, president of the Royal College of Radiologists. This announcement was made in the presence of the Presidents of the Royal Colleges, senior politicians and representatives of medical schools.

The steering group defined sport and exercise medicine as a clinical discipline and stated objectives in education and research. More importantly it stated how those objectives should be achieved. This will be through the award of recognised diplomas to two levels of medical graduates who have completed an approved course of training and passed the appropriate examinations. These would be (1) a diploma based on a minimum of two years approved training in sports medicine as well as having passed the diploma examination, and (2) a higher award, recognising those who had completed approved higher specialist training leading to the award of a certificate of specialist training (CCST). The higher award would also be available to those general practitioners who had completed equivalent additional training.

Those with an interest in the future development of sports medicine as an academic discipline will welcome this initiative enthusiastically. The future is bright, and those medical students who wish to follow sports medicine as a career may now be given much more positive advice. But there are many challenges, many obstacles to be overcome, and many problems to be solved. The Academy of Medical Royal Colleges has taken the initiative, but those of us who are already involved in sports medicine must play our part.

The sports medicine family has had its own share of domestic disagreements. It is time to put these behind us and work together towards the greater good. We in the British Association of Sport and Medicine (BASM), the National Sports Medicine Institute (NSMI), and the Institute of Sports Medicine all have a very important role but we must cooperate while recognising the aims and aspirations of each organisation. In particular we must all pull together in harmony with the working group.

To BASM there is a particular challenge, and members may see this initiative as both an opportunity and a threat. It is clear that the future development of academic sports medicine will be through the established Royal Colleges and thus will be medicine based, yet BASM is a multidisciplinary organisation. No medical Royal College has non-medical members, although the Faculty of Public Health has recently been grappling with this issue. We must come to terms with what this will mean to our membership. Doctors will be delighted with the establishment of a medical specialty but colleagues in other disciplines may not be so enthusiastic. One of the strengths of BASM has been the opportunity for all disciplines to learn from each other, which is particularly important in sports and exercise medicine, and we may need to explore how we can continue to do so and yet contribute most to the future developments within the Royal Colleges.

This initiative also brings responsibilities. Sports Medicine will no longer be a hobby in which medical ex-athletes can dabble for fun. Practitioners will have to