



The Faculty of Sport and Exercise Medicine (UK)

The Intercollegiate Faculty of Sport and Exercise Medicine

Newsletter

FSEM Newsletter, Autumn/Winter 2011 No. 5

Patron: HRH The Princess Royal



"Raising Standards in Sport and Exercise Medicine"



Parliament amended the Specialist Medical Order in September 2005 creating the new Speciality of Sport and Exercise Medicine. The Academy of Medical Royal Colleges agreed later that year to the development of the Faculty which is now recognised as the Governing Body for the Speciality of Sport and Exercise Medicine. Since then the Faculty has enjoyed a successful first few years managing to increase the number of Registrar posts with proper funding. There are now approximately 50 trainees with training programmes in Scotland, Wales and Northern Ireland.

The development of Sport and Exercise Medicine has passed through several stages and today is recognised as the governing body for the Speciality of Sport and Exercise Medicine; they have created training programmes resulting in the successful entry onto the Specialist Register of Doctors having completed their training. The next phase will be the growth, development and general acceptance of the value of the Speciality within healthcare and the creation of Consultant posts throughout the NHS.

In 2011 the Faculty published the Faculty of Sport and Exercise Medicine Professional Code document, along with their strategic plans for the next three years and as Patron of the Faculty I congratulate them on their encouraging progress.

Editor's Piece

Dr Victor Cassar-Pullicino

"The Journey is the Reward"

Irrespective of what one thinks of an anniversary, it signals the need for reflection even if it is just momentary. It is a time to assess the current position, look back at where one has come from and plan forward the next steps of the journey. The annual newsletter serves as a conduit of documenting these reflections and sharing them with the Fellows and Members of FSEM. This is the fifth anniversary of FSEM and the 5th edition of the newsletter! The number 5 is highly symbolic and throughout the ages it has been regarded as a special number in many cultures and religions for a variety of reasons. Temporally it often signals the moment of "making a turn" and this is amply reflected in educational systems, undergraduate and postgraduate training, CME accrual and dare I say it, revalidation. The President's report complemented by the Officers' and Chairmans' reports are of special significance in this newsletter. Individuals in these Council positions and members of the hardworking committees play a crucial role in FSEM's achievements. For them "the journey is the reward". HRH The Princess Royal's speech at the AGM on 29th September 2011 addressed these achievements which are summarised in the Foreword of this newsletter. FSEM presented a Highland Quaich to commemorate the fifth anniversary of HRH's Patronage.

On behalf of Council a big thank you goes to Richard Budgett and Rick Seah for their outstanding contribution as they leave Council. Special mention must also go to Michael Cullen who has demitted office. The SAC chair is now in the safe hands of Simon Till, Rod Jaques is the President – Elect and John Etherington is the incoming Vice President. I am also including Facebook facts on individuals who are helping FSEM namely Richard Weiler, Stephen Colegrave, Paul Tredwell, Heather Shearer and Siobhan Watts. Warm congratulations go to Professor Keith Porter on his Knighthood and this year's Honorary FSEM Fellows Professor Clyde Williams (Loughborough University) and Professor Per Renström (Karolinska Institutet). Their respective citations prepared by Rod Jaques and Angus Wallace are included in the newsletter. So is Per Renström's Address to the Diplomates which is full of pearls of wisdom. Charlotte Cowie and Roger Hawkes are welcomed as the newly elected Members on Council.

FSEM Council is particularly grateful to the Society of Apothecaries for hosting this years AGM and Annual Dinner. The event was truly memorable. Stewart Hillis summarises the academic content of the Update while Jumbo Jenner's after dinner speech provides some interesting and historic aspects regarding the Apothecaries Hall. The recipients of the Bauerfeind Travel Awards, Dr Natasha Jones (2010) and Dr Wilby Williamson (2011) are also featured along with the adventures of Donald Macleod (past Chairman of IABSEM) in his "Le Jog" experience. It just goes to show once again that "The Journey is the Reward"!

From me a big thank you to Yvonne and Rita in the FSEM Office who valiantly support me and all Officers in our roles. I know I say this in every newsletter but trust me, their input and importance increases every year and they do deserve special recognition.

A Merry Christmas and best wishes for 2012

Dr Victor Cassar Pullicino
Honorary Secretary of FSEM



Dr Victor Cassar-Pullicino (Honorary Secretary) with Mrs Yvonne Gilbert, Faculty Executive Manager (Right) and Ms Rita Capaldi, Administrator at RCS (Ed)

From the Faculty Office

Yvonne

There has been a lot of activity in the Faculty office over the past year. Dr John Jenner, Chairperson and Dr Jane Dunbar, Vice-Chairperson of the Examinations Committee have been able to make good use of the office facilities when they are in Edinburgh preparing for the Diploma in Sport and Exercise Medicine Examination. We also hosted an exam question writing session on a Friday afternoon and Saturday morning in July which proved very productive. In addition we have frequent visits from the Treasurer of the Faculty when he is keeping a watchful eye on the Faculty's coffers (he often brings us nice choccie biscuits as well). Occasionally we have visits from Fellows or Members of the Faculty and we are always pleased to see you.



You may be aware that annually the Faculty award the "Macleod Medal" to the candidate who has gained the highest mark in a single sitting of the Diploma in Sport and Exercise Medicine Examination.

The first of the “Macleod Medals” was awarded for the years 2003, 2004 and 2005 at the Launch of the Faculty in 2006.

The Macleod Medal is named after Mr Donald Macleod the first Chairman of the Intercollegiate Academic Board of Sport and Exercise Medicine whom I am sure many of you will know. Initially we had ten of the medals cast and in 2010 there were two candidates who merited the award.

We are therefore left with only one of the original medals which will be awarded for 2011 (unless there are two prestigious candidates again this year). Anyway, as I had the use of an amateur photographer on the premises today I asked him to photograph the medal to allow you to see it. Once the final medal has been awarded, future medals will encompass the Faculty Crest.

Merchandise for Sale

Finally, I am sure you are all aware that the Faculty have some goods for sale, i.e. Rugby Shirts, Fleeces, Polo shirts, Ties and Silver Cuff Links. I have asked our amateur photographer to take some photos of these items so that you have an idea of the stock we hold. I am sure that once you see them we will be inundated with calls for purchases. Unfortunately, I do not think we will be able to get them to you in time for Christmas!



Navy fleece: £24.99



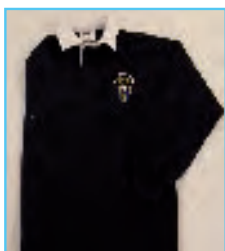
Blue polo shirt: £19.50



Silver cuff links: £25.00



Blue silk tie: £25.00



Navy rugby shirt: £25.99

Best wishes to all our Fellows and Members for Christmas and the New Year and our very best wishes to London 2012.

Yvonne

NHS North West

Richard Weiler and Stephen Colegrave



Sport and Exercise Medicine has many positive developments in the UK. There are growing numbers of SEM services and SEM specialists operating in the NHS.



We have been asked by FSEM to summarise some of these developments.

SEM trainees recently authored a new publication called ‘Sport and Exercise Medicine: A Fresh Approach’, which has been published through the NHS Gateway. ‘A Fresh Approach’ is a guide for commissioners on the roles and benefits of SEM specialists working in the NHS. Work is underway to provide the next publication, which will highlight examples of SEM services in Primary, Secondary, Tertiary and Integrated or Intermediate Care, so that providers and commissioners can understand the flexibility and benefits of SEM services for patients and commissioners. We are working closely with NHS North West and Mike Farrar (The NHS Physical Activity Champion and Chief Executive of NHS Confederation), the Department of Health, Government, patient groups, charities and industry to further establish Sport and Exercise Medicine services in the NHS.

We have arranged and sponsored the inclusion of Sport and Exercise Medicine clinics in Choose & Book, linked to defined SEM related conditions and clinical terms. We have also sponsored the setting up of our main specialty code – 325. These cement SEM in NHS IT systems, which are dull but essential pieces of the SEM jigsaw.

In 2005 a pledge was made by the Government to develop a National Centre for Sport and Exercise Medicine. This work is entering the latter stages, with governance and building development imminent. 3 partners have agreed to deliver the National Centre in Sheffield, UCL/ UCLH in London and Loughborough/Nottingham/Leicester, which enables wide national coverage. Institutions had been invited to tender and meet minimum requirements and commitments. The Universities and Hospitals in each of these locations (as well as the Council and Primary Care Consortia in Sheffield) are collaborating to deliver a National Centre that will provide NHS patients with Sport and Exercise Medicine clinics and services.

In addition, it is expected they will be beacons for research and education in SEM. It is hoped and expected that further centres, meeting governance and commitment criteria will apply to join the National Centre in time. Delivery will be expected in 2012/2013 and each centre is committed to developing new NHS employment opportunities for SEM specialists as well as Exercise Medicine services. We are also working to develop an Exercise Medicine business plan, which will enable Exercise Medicine services to be commissioned on the NHS.

This is a substantial and significant piece of work. Discussions continue to take place with leading organisations in business to commence this important piece of work. Collaboration with IO centres and global Exercise Medicine colleagues has been and will continue to be sought. This work will hopefully benefit SEM in the UK and our global colleagues.

We have recently had a chapter dedicated to Sport and Exercise Medicine published in "Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine - 5th edition". This is the first time SEM has had an entry in this publication and we hope that by the time the 6th edition is published, more NHS SEM services will be commissioned and will contribute positive data to support further development. We are also working with FSEM to deliver an SEM website to assist with NHS information dissemination on the roles, benefits and cost effectiveness of SEM services.

Further publications in RCGP News, Pulse and GP Magazine are expected next year and we will also have the services of an experienced NHS and Industry Marketing expert to help co-ordinate SEM communications and PR. This work has involved the collaboration and support of a number of friends and colleagues across SEM and we thank them all for their continued efforts. We would especially like to thank the SEM specialty trainees and encourage them to remain active and involved in the development of their future employment and SEM.

Lay Member Representation on Council

Heather Shearer, PhD



Heather is currently the Quality and Clinical Governance Lead in NHS Fife. Her previous roles include working with the Institute, planning and strategy lead for the Outer North East London Acute Commissioning Unit and Deputy Director of Service Development at Royal Brompton & Harefield NHS Trust.

Working with the Institute and Warwick Business School Heather produced a Tackling Tough Choices Toolkit. This was a joint project between the NHS Institute and Warwick Business School. The toolkit offers a framework some tools with which to tackle the challenges of scarce resources in healthcare. She also worked on the Business Case for Patient Safety, set up the Advanced Improvement skills for Quality and Safety programme and teaches on the Leading Improvement in Patient Safety programmes, particularly focusing on human factors in safety. She completed the Improvement Advisor course at Institute for Healthcare Improvement, Boston in 2008.

Heather's PhD in Psychology, from the University of Durham, focused on the development of planning skills in pre-school children with autistic spectrum disorders and other communication delays.

She is a regular gym-goer and has completed an Olympic distance Triathlon.

Top honour for Faculty Chairman

Keith Porter



Professor Keith Porter, Chairman of the Faculty of Pre-Hospital Care, has been given a knighthood in the New Year Honours list. Professor Sir Keith has been involved with the Faculty of Pre-hospital Care for a number of years, initially as a Committee member, then as Honorary Secretary, before being elected Chairman in 2007. He is Consultant Trauma Surgeon and Professor of Clinical Traumatology at Queen Elizabeth Hospital in Birmingham. He is also Chairman of the Trauma Care Council, a member of the Defence Scientific Advisory Committee and a member of the Resuscitation Council.

Communications and PR Officer
Paul Tredwell

After completing two law degrees at Queens' College, Cambridge University, Paul joined the advertising industry as a graduate trainee in account handling. During a career in highly respected local and international agencies, Paul operated for 15+ years at director or executive director/senior management level, including three years as a Managing Partner at Saatchi & Saatchi. Since leaving advertising Paul has been the CEO of the market research division of a major communications group and more recently an independent consultant in communications and strategy development to senior teams within the public and private sectors. He has recently completed a two year part-time assignment in a public health programme at the Department of Health. Paul will be working one day a week with the Faculty to help improve the effectiveness of its communications activity and the overall promotion of SEM.



Newly Elected Council Members for 2011

COWIE, Charlotte
(2006) 08.11.1964

Sports Physician, Bupa Sports and Musculoskeletal Centre of Excellence, Barbican, London



I currently chair the Nominations Committee and thus have been privileged to be able to attend Council meetings and contribute through this. I sit on the BASEM Education Committee and on the Board of the ISEM. I have had involvement with various organisations in SEM politics over the years and with various national sporting bodies, such as the FA, the LTA and the BOA. The Faculty faces great challenges in raising the profile of SEM and developing it further than the 'team physician' and 'MSK medicine' roles which previously typified the specialty, but without losing these key elements and the many who practise mainly in these areas. NHS, EIS, NGB, professional sport and private practice will all have ownership in this. Having worked in all these areas, I hope to be able to fairly represent a wide group of stakeholders on the Faculty council.

Pilot Study Research
Siobhán Watts

Siobhán Watts joined the Faculty of Sport and Exercise Medicine as the Pilot Study Researcher on 30th June 2011 (on a part time, fixed term contract) working Wednesdays and Thursdays to assist with collating and compiling the results from the Survey which was sent out to predominately the UK-based active Fellows and Members of FSEM at the end of July.



Whilst this can be a very mundane role, extracting information from the survey onto a new database is very time consuming, but for those who fully completed the survey, the responses have been very informative and constructive.

Newly Elected Council Members for 2011

HAWKES, Roger Andrew
(2006) 21.07.1953

Chief Medical Officer, PGA European Tour



I have been involved in the development of Sports Medicine and worked full time in the speciality for 5 years including a lead role in an NHS department. I am on the Specialist Register. My main job is as CMO of the PGA European Tour (golf) and have set up a sports medicine service and research program.

As a member of BASEM I have helped organise a National Congress and have been a regular lecturer on the Foundation Courses and the Nottingham University MSc. I am a Faculty appraiser. I am keen to work to help develop a strong faculty and increase the opportunities for our specialists within the NHS and be involved in national debates on major relevant topics. I would also like to help rationalise the education delivered by the Faculty, BASEM and others. I hope also to help with revalidation making the process as efficient as possible.



From left to right: Professor Mark Batt, Professor Clyde Williams OBE, Professor Per Anders Frans Hjalmar Renstrom and Dr Rod Jaques



The Highland Quaich with crest presented to HRH Princess Anne.







Make a Date

FSEM (uk)

2012 Annual Scientific Meeting

Diploma Ceremony and Annual General Meeting
Date: 4th October 2012
Venue: RCSEd

N.B - See Website for Academic Programme

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PRESIDENT'S REPORT

Professor Mark E Batt



The past year has been a successful one for the Faculty and for its Fellows and Members and this is our 5th Anniversary. We should celebrate 5 years of achievements built upon a lifetime of work of our forefathers.

In the last 5 years we have:

- Been approved as a stand-alone specialty of medicine
- Created standing orders and relationships with parent and supporting Colleges and Faculties
- Created our Faculty office in Edinburgh
- Written and modified a higher specialist training curriculum with trainees entering and now completing higher specialist training in Sport and Exercise Medicine
- Some limited new consultant posts

I want to congratulate:

- Professor Sir Keith M Porter, a Fellow of our Faculty who was awarded a knighthood in the 2011 New Years Honours for his services to the Armed Forces.
- Dr Charlotte Cowie and Dr Roger Hawkes have been elected to Council.
- Dr Rod Jaques elected as President-Elect
- Dr John Etherington elected as Vice-President

I also would like to congratulate:

Both Mr William Eardley and Dr Joanne Larkin who won the Macleod Medal for 2010, as the individuals who scored the highest marks in both diets of the Diploma examination. This is the first time the Macleod Medal has been awarded to two outstanding diplomates in one year.



Macleod Medal Winners: Dr Joanne Larkin centre with Mr William Eardley - Dr Larkin's mother and sister on either side.

CHANGES TO COUNCIL:

There have been a few changes to Council this year:

The following have left Council:

- Dr Richard Budgett elected 2007
- Dr Richard Seah our Trainee representative

The following have joined Council:

- Dr Heather Shearer the Faculty's Lay Representative on Council
- Dr Charlotte Cowie: elected member
- Dr Roger Hawkes: elected member
- Dr Wilby Williamson our new Trainee Representative

Prof Michael Cullen will stand down as SAC Chair and will be replaced by Dr Simon Till. Members of Council work hard for the Faculty and Speciality and without their continuing efforts the Faculty and Speciality will go into decline. They all require your support but, if the Speciality is to flourish, it requires support and involvement from all our Fellows and Members. We are continually looking for individuals who are prepared to spend time and effort working for the Faculty on one of its committees.

FELLOWSHIP and MEMBERSHIP

We now have 555 Fellows and Members:

Senior Fellows	13
Foundation Fellows	198
Fellowship by Election	10
Fellowship	6
Senior Members	3
Foundation Members	257
Membership by Election	42
Membership	3
Associate Members	7
Corresponding Fellows	2
Affiliate Members	113

(medical students) - not counted in the 555 F&M

There are presently 14 Honorary Fellows with Professor Clyde Williams OBE, School of Sport, Exercise and Health Sciences, Loughborough University and Per Renström MD., PhD. Professor emeritus, Department of Molecular Medicine and Surgery, Centre for Sports Trauma Research, Karolinska Institutet, Stockholm, Sweden having received Honorary Fellowship this year.

FSEM STRATEGY

We have developed a new strategy paper for The Faculty and we hope this will allow us to prioritise important pieces of work and develop a more proactive, rather than reactive, work programme. We needed to clearly articulate the aims of the Faculty, which is to define, develop and ensure best practice the doctors practising sport and exercise medicine in the UK, for the benefits of patients and the public. As stated, the strategy is intended to serve as a framework for decision-making, provide a structure for planning and delivery of faculty activities, and assists benchmarking and performance monitoring. The strategy can be found on our website and I would urge you to read it.

COMMUNICATION and PR

Earlier this year we commissioned a piece of work to scope the Faculty's PR & communication needs. In summary, it is clear that we need to appoint a part-time Communications & PR officer to coordinate responses to press enquiries, and furthermore to provide a coherent proactive communications strategy.

The latter is becoming increasingly important as we try to embed SEM services in healthcare. Awareness of what we do and thus can offer is absolutely vital, hence the requirement for this appointment which was made following Council meeting Sept 30th: Mr Paul Tredwell, as FSEM Communications & PR manager (part-time).

Linked to this project we intend modernising the FSEM website which may include changing our web host.

RECOGNITION and AWARENESS

Once the role of consultants in the Speciality of Sport & Exercise Medicine is better understood, Directors of Public Health, GP Commissioners and others can appreciate the importance of investing in the speciality. Fellows & Members can play a significant role in the development of the speciality by promoting SEM services and by being advocates for health and wellness through physical activity and exercise.

PUBLICATIONS

Following on from the publication last year of The Professional Code the Council is currently involved in writing 2 important publications:

- The first lead by Dr Simon Kemp, Pre-hospital Immediate Trauma Care Courses related to Sport, looks at the role of the Faculty of Sport and Exercise Medicine in setting standards in this area.
- The second lead by Dr Victor Cassar-Pullicino and Dr Rod Jaques (with Drs Philip Batty and Roger Hawkes) will be joint guidance from FSEM-RCR on The use of diagnostic Ultrasound in sport and exercise medicine practice.

The Faculty has been actively involved in the Sport and Exercise Medicine committee of the Royal College of Physicians of London, which is chaired by Dr John Etherington.

We have actively contributed to the working party that has produced the document 'Exercise for Life' which looks at exercise in both health and disease. We very much hope that this document, set for release 2012, will raise awareness of physical activity in medicine, increase engagement, and act as a catalyst for every physician to ask every patient about their levels of physical activity.



DH and NHS POSTS

We have received helpful support from the Department of Health in the form of funding to support a project to help develop and embed SEM posts in the NHS. Ms Sue McKinnon who is based in the East Midlands Deanery is leading this piece of work and can be contacted through SueMcKinnon@nhs.net. She is providing examples of existing services some of which will be written up to provide concrete examples of pathways that might be commissioned by the future GP consortia. These pathways will sit alongside a new publication: 'Sports and Exercise Medicine: A Fresh Approach', which will be published through the NHS Gateway. A PDF version of the executive summary is available on our website. We anticipate developing a discrete tab on the FSEM website which will include all available resources for those seeking to set out SEM post in primary and/or secondary care.

I am pleased to report that in the month of July, 3 part-time SEM consultant posts were interviewed for, and I hope this is the start of many more SEM posts based in NHS hospitals and universities.

FSEM SURVEY and Revalidation

I wrote to you personally to seek your support for this important survey that is being undertaken by the Faculty. I am very grateful to the very many of you who have taken time to complete our survey. We had responses from 274 out of 428 (64%) UK based members & fellows.

The Faculty has been asked by the Academy of Medical Royal Colleges to conduct a study and make recommendations on the methodology and means to implement appraisal and revalidation for doctors practicing Sport and Exercise medicine. To do this, the Faculty needs to have a comprehensive understanding of the wide-ranging work practices of all its members and fellows.

To this end the response rate from our UK SEM active Fellows at 67.7% was slightly disappointing. Nonetheless, the numbers of Fellows and Members (some of whom appraise through the Faculty) who have not yet identified a Responsible Officer for Revalidation is significant. Thus for the purposes of Revalidation, the FSEM will seek to become a 'designated body' to be able, if approved, to appoint a Responsible Officer. The ongoing survey analysis work will also provide us with key data to help create new NHS SEM Consultant posts. The results are being collated by Siobhán Watts who has been funded by AoMRC and is based in the Faculty office: Dr Rod Jaques and Dr Paul Jackson are leading this piece of work.

SPECIALIST REGISTRARS

Training programmes are now established in all 9 English Deaneries (including the MoD), as well as Scotland, Northern Ireland and Wales. As of August 2011 we have a total of 47 trainees in post. In the past year 3 trainees have graduated through their training programmes and have thus joined the specialist register.

Our first trainees completed their training programme in August 2009. These are 'top-up trainees' who did not need to go through the full 4 year registrar training programme and have completed their "Combined Programme CESR" (CP-CESR). Our first CCT trainees completed their training in August 2011.

EXAMINATION

Under the stewardship of Dr Jenner and greatly helped by Dr Jane Dunbar, the Diploma Examination has gone from strength to strength. It has had to be changed to fit in with the requirements of the GMC. Because of the change of format and GMC guidance, equivalence of those university diplomas which had been previously granted equivalence ended in 2010.

Currently there are a total of 256 Diplomates, 110 having passed the examination during the seven years it was run by the Intercollegiate Academic Board of Sport and Exercise Medicine (IABSEM) and 146 having passed the examination since the creation of the Faculty in 2006.



EDUCATION and RESEARCH

The SEM Curriculum has been modified again to meet PMETB's/GMC updated 2010 requirements. This was the fourth major revision in four years. This has put an enormous amount of work onto the SAC, specifically its chair Professor Michael Cullen, for which we are most grateful. Michael demits office this year and we are very grateful for all his time and effort. Dr Simon Till will be taking over as SAC Chair.

As well as setting and maintaining standards, one of the Faculty's principal aims is to bring different bodies involved in Sport and Exercise Medicine together. The Institute of Sport and Exercise Medicine is the Faculty's research arm and has developed a FSEM research strategy. The FSEM-ISEM 5 year MOA is now due for review and we will keep you informed of research plans for 2012.

We have negotiated with BASEM a Memorandum of Understanding with respect to Education, which aims to maximise our collective resources and avoid duplication and confusion. There will be some alignment of our websites as we seek to update the FSEM site over the next 12 months.

Sport and Exercise Medicine is not typically included in the undergraduate curriculum. There are a large number of medical students interested in Sport and Exercise Medicine and who are now Affiliate members (113).

In the last year there have been successful undergraduate SEM meetings and our aim is to help unify their efforts. The Undergraduate Education Committee has become part of the Education Committee, and a future priority is to lobby medical schools for SEM to become incorporated within medical school curricula.

Bauerfeind Travel Fellowship: this generous award of a travel scholarship has been awarded in 2011 to Dr Wilby Williamson. The recipient is expected to present his work at a future FSEM meeting. Elizabeth Crane, MD Bauerfeind UK, presented the award.

CESR-Article 14

I am very much aware of the time, anxiety and in many cases irritation that the CESR process has caused. We are unsure of the actual number of successful applications but on the Faculty's records there are 42 that we are aware of. We only have records of those who have informed the Faculty or if I have heard through the grapevine. Due to the Data Protection Act the GMC is unable to provide us with a regularly updated list. Thus we would ask that successful applicants let us know of the status of their CESR application.

COAT OF ARMS

We now have a Coat of Arms thanks to the Lord Lyon's office and the hard work of Mr Jim Foster, our Treasurer. The coat of arms was officially launched at the AGM 2010 and we are finalising guidance for members and fellows as to how this can be used for those undertaking working for or on behalf of The Faculty.

London 2012

Just nine months to go! Volunteers should have volunteered and we look forward to working with Dr Richard Budgett at LOCOG and Dr Ian McCurdie at the BOA as the games approach. I have no doubt that the Games will be a huge success and a fantastic national celebration. We remain concerned as to the true legacy benefits and will keep working with 2012 legacy projects, notably the National Centre of Excellence for SEM. Currently the plans are for a networked National Centre with sites in London (UCL and UCLH), East Midlands (Leicester, Loughborough and Nottingham), and Sheffield. We hope to be able to announce capital funding support from the DH and this should trigger further fund raising involving Olympic sponsors and others. The Faculty has worked in an advisory role to the DH on this project, as clearly it is an important opportunity in terms of future jobs, new programmes and research in SEM.

We are directly involved in several conferences in Olympic year, including:

- RCP-FSEM Olympic medicine conference: RCP: Thurs March 22nd 2012
- International Convention on Science, Education and Medicine in Sport (ICSEMIS): Glasgow July 19th-24th 2012
- 6th World Sports Trauma Congress: London Oct 17th-20th 2012

CONCERNS

FSEM Council has 3 major concerns:

1 Lack of NHS Consultant posts: despite some notable successes, and knowledge of some possible future appointments, we remain concerned at the overall lack of new opportunities for trainees completing specialist training in SEM. We hope that the Project led by Sue McKinnon will result in commissioning of appropriate services that will include roles for newly qualified SEM consultants. The current changes in the shape and workings of the NHS, presents both threats and opportunities. I think it is likely that we'll see increasing commissioning of services within primary care with a resultant decrease in the burden of secondary care. An opportunity exists for Sport and Exercise Medicine to play a major role in MSK 'integrated care services'.

2 CESR: the Article 14 process has and remains a tiresome process for some applicants. FSEM with JRCPTB will support members and fellows making applications and hope that over the next few months we will receive more applications. I would urge those yet to make an application to do so in a timely fashion as revalidation starts next year. It is anticipated you will revalidate against the specialty you are listed, hence the urgency to push on with applications.

3 Revalidation: the majority of members & fellows should have no particular anxieties regarding revalidation, which is due to commence 2012. For those members and fellows who appraise through FSEM and who have not indentified their Responsible Officer, we are actively seeking to understand whether FSEM may become a 'designated body'.

CONCLUDING REMARKS:

The Faculty will continue to work hard on your behalf. We will continue work on projects related to:

- The future financial security of The Faculty
- Enhanced appraisal, leading to revalidation which is due to start in 2012
- A strategy for press enquires and media work with the employment of a Press Officer
- The National Centre of Excellence for SEM as part of 2012 legacy

I am delighted to be able to announce that our Vice-President, Dr Rod Jaques has been elected as President Elect, to take over Presidency in autumn 2012.

Dr John Etherington has been elected as Vice-President.

Dr Richard Budgett, demits office as BASEM Chair 24th Nov 2011. Many thanks to Richard and his team at BASEM, our specialty association, for his help and support in helping us all develop our specialty.

I am grateful to everyone who has given of their time so generously and worked so hard to get Sport & Exercise Medicine and FSEM to where we are today, notably:

- The Honorary Officers of the Faculty;
- Members of Council, both elected and those Representatives of the Royal Medical Colleges, Faculties, Apothecaries and Military;
- The Chairmen of the committees and the Members of their committees without whom much of the development would not have occurred;
- Yvonne Gilbert and Rita Capaldi, not only for their hard work but also for the way in which they support Fellows and Members; and
- Fellows and Members who have given of their time to help the Faculty and Speciality develop.

I would heartily encourage all Members and Fellows to get involved in the work of the Faculty, as the Faculty is there for you and the development of SEM.



Vice President's Report

Dr Rod Jaques

Faculty work continues to be interesting and diverse. With the publication of Lavellee's paper in the BJSM last year on the American system of training in MSK ultrasound, the Faculty has had initial discussions with the Royal College of Radiology to develop a training curriculum and appraisal process. A significant number of Sport and Exercise physicians perform MSK ultrasound in their clinical rooms, almost all of whom will have done initial training courses of varying quality. There is a strong need to ensure that the process of gaining experience in MSK ultrasound, obtaining suitable mentoring, theoretical knowledge and maintaining skills are all encompassed in a FSEM document. It is hoped that this will be produced early in 2012.



Council has taken sometime to review our PR and communications strategy. We have appointed and had a report from an independent communications consultant scoping the issues that the Faculty needs to address. We are delighted with the appointment of Paul Tredwell to lead on PR and Communications. There is a real opportunity for the Faculty to have its 'voice' better heard both within the profession and amongst the public.

I am grateful to Dr Phil Batty (Council) for taking over the collection of untoward event data arising from the FSEM Appraisal process. This is important work as it informs the medical defence agencies about issues in SEM and helps them determine our subscription banding.

Dr Paul Jackson (Council) has been a huge assistance in pushing forward strengthened training for Appraisers in the Faculty. Two courses have now been run, with a third planned for next year. Revalidation remains a subject in evolution, it will undoubtedly come for SEM and decisions will need to be carefully thought through as to how best to assess the wide heterogeneity of SEM practice in the UK and the role of a SEM Responsible officer.

FSEM survey –Preliminary results

During 2011 an online survey was conducted on the Members and Fellows of the Faculty to assist the Council in understanding better the Members and Fellows' working practices. A total of 274 surveys were completed by UK based, currently practising Members and Fellows. This represented (excluding orthopaedic surgeons) a return rate of 72% amongst Fellows and 56% amongst Members. 8.7% of respondents were currently in SEM training whilst 47% were on the GP register. 28% of respondents were running two or more SEM clinical services. Respondents held Diplomas (UK) in 56% of cases and MScs (UK) in 29%.

118 respondents (40%) were employed doctors, 79 (27%) self employed and the rest a mixture of employed and self employed. 45% of respondents had more than one employer. 71% of respondents were in full time employment

41 (14%) of respondents classified themselves as an SEM consultant, 39 (13%) as an SEM Specialist and 88 (29%) as a GP with a special interest. 74 (25%) of respondents classified themselves as a Consultant in another speciality with a special interest in SEM

When asked to define their primary clinical service 90 (32%) of respondents reported this was in General Practice, 63 (22%) in private SEM clinics and 52 (18%) in NHS SEM clinics. Interestingly of those defining their primary clinical service 77 (27%) of respondents were working inside an organisation, Institute or Professional sport. For many of these primary clinical services both electronic and paper records were kept, electronic records being slightly more common. Written correspondence by letters were the most common methods of feeding back to referrers.

Answers to the question on medico legal work, only 6 Members/Fellows conducted more than 200 pieces of medico legal work per year. In addition only 13% of respondents had made a Care Quality Commission application.

Thirty-two percent of respondents reported their medical indemnity be covered by the MDU, 41% with the MPS, 8% with MDDU and 5% with Sempris. Almost 93% were members of BASEM, 16% with BIMM and 11% with the ACSM.

260 Members and Fellows (90%) intend to seek GMC revalidation of whom 177 (56%) plan to do this in SEM. Overall, at this time, 173 (82%) Member and Fellows were not clear on who their Responsible Officer will be.

When asked about achieving a minimum of 50 hours of CPD per year only 3.7% of respondents did not achieve this minimum figure. CPD was spread across clinical, management, academic, governance and first aid areas.

In the primary clinical setting of respondents the most common new patient time (34%) was 30 minutes and follow up time (27%) 15 minutes. In the respondents Primary clinical practice the most common referral source was from General Practice, followed by physiotherapy, self referral and consultant colleagues.

A detailed analysis of the survey results is currently underway and this will inform the Council on future strategic policy particularly in regard to revalidation and appraisal. The data will also be very helpful to guide appraisers on governance issues in Members and Fellows working practice.

Treasurer's Report

Mr James Foster

I present my report from two spreadsheets. The first (rolling accounts) shows income and expenditure for the financial year ending 31st December 2010 (also showing the same for 2008 and 2009). You will see that this shows a year end surplus of £68,601, £50k of which was transferred to reserves. However, this surplus includes approximately £15k in subscriptions paid in arrears from the previous year.

The second spreadsheet shows my projection of income and expenditure for 2011; together with actual income and expenditure for the six months to 30th June 2011. You will see that the Faculty is well on track to meet the projected surplus of £31,950. Note that subscription income was below projection at 30th June; however, many members and fellows pay their subscription in July and thus I expect to meet the annual projection for the year end.

Although these figures show the Faculty in a comfortable position, there will be a requirement to meet significant new areas of expenditure during the remainder of this year and during 2012. One requirement is the development of a PR and Media presence for the Faculty and this will involve employing Paul Tredwell a specialist consultant, on a part time basis. A second requirement is to employ a specialist consultant to further validate the Faculty's examination processes. Also, there are significant inflationary factors to take into account: almost all the Faculty's ongoing expenses have increased and are likely to continue to increase into 2012.

Note that the Faculty's reserves now stand at £254,565. The Faculty's strategy is to continue building reserves until they represent approximately double annual turnover; however, it may take several more years before this position is achieved. At present the reserves are held in interest-earning cash accounts. It will be my intention to move these funds into other investment areas but it is unwise to do so at present in an unstable investment market.



Subscriptions:

For the reasons above I propose to increase subscriptions for 2012 by 5%. This will enable the Faculty to keep up with inflation and assist in meeting the new costs.

Examinations

At an earlier meeting of your Council it was agreed that examinations should be cost-neutral to be met by examination fees (in earlier years examinations were a net cost to the Faculty). Until examination numbers are known for the second tranche to be held in November, I cannot yet forecast the cost balance; however, I suspect that it may be necessary to increase fees by 10% to balance the costs. A full report will be made on this to Council later in the year.

SAC Report

Prof. Michael Cullen

Curriculum Matters

The past year has thankfully seen a consolidation within postgraduate medical training following the upheaval created by 'Project 2010' which saw all medical and surgical specialties committed to rewrite their training curricula to conform to the GMC's revised standards for training and assessment. The new training curriculum for SEM came into operation in August 2010 and trainees and trainers are now becoming familiar with the syllabus and the range of workplace based tools that are defined for the assessment of trainee competence. It is clear however for all medical specialties that the training curriculum is a living document and will be subject to ongoing review – indeed at a meeting I attended in April at JRCPTB, eight new topics were discussed for possible future inclusion, including obesity and adolescent health which are particularly relevant to SEM practice. The SAC will progress these discussions during the next year, although there is an acute awareness that the current syllabus is already extremely broad and challenging to complete in the timeframe available for training. In future years I see the curriculum being continually moulded to reflect the emerging needs of the SEM specialist in a changing healthcare landscape.

You will be aware that entry to specialty training at ST3 in Sport and Exercise Medicine is possible from one of three different pathways – Core Medical Training (CMT), Acute Care Common Stem (ACCS) or General Practice (GP). In August 2011 all trainees undertaking CMT were required to have attained the full MRCP diploma by the completion of ST2 in order to progress to ST3 (from 2012 applicants will have to have attained the MRCP by the date of interview).



This equally applies to those doctors seeking to enter specialty training in Sport and Exercise Medicine from this pathway. Essential criteria for doctors following either of the other entry routes will continue to reflect the current standards of that pathway and will require the applicant to have achieved the necessary ST2 competences in either ACCS or GP in force at the time. Further details on the SEM curriculum can be found at www.jrcptb.org.uk

FSEM Diploma Examination:

The SEM curriculum currently requires trainees to pass the FSEM Diploma by the end of ST4. With expanding trainee numbers it has become evident that trainees may not in all cases be able to gain the required practical experience in SEM to adequately prepare them to successfully sit the Part 2 examination during this time. The SAC has therefore submitted an application to the GMC to amend the curriculum to mandate that both parts of the exam should in future be attained by the completion of ST5. We are awaiting a final decision on this. Trainees will still be able to sit the diploma exam any time after entering training if they feel competent to do so. If this change is approved by GMC future doctors entering training between ST3 and ST5 will be required to sit the FSEM Diploma regardless of any previous qualification in SEM they may hold – this relates to trainees undertaking abbreviated training with the intention of making a CP-CESR application.

Recruitment:

Training programmes are now established in nine deaneries in England (including the MoD) as well as Scotland, Wales and Northern Ireland. As of 3rd August 2011 we have a total of 47 trainees in post, one or two of whom are in a 'grace period' following completion of training. This past year has again been a challenging one for recruitment to specialty training in SEM and several regions were unable to fill all of their available posts during the 2011 recruitment round. The continued uncertainty re NHS job prospects is likely to be the main reason that there is a reluctance to commit to a career in SEM, although there does appear to be some movement in this area, with several consultant posts having been advertised during recent months. The Faculty continues to work closely with the DH to attempt to progress this issue by creating a greater awareness among commissioners of the contribution that SEM specialists can make to improving healthcare. This is embodied in the paper 'Sport and Exercise Medicine- a fresh approach' and I am sure that our President, Professor Mark Batt, will have more to say on this topic in his report. The DH Centre for Workforce Intelligence has recently published a paper entitled '[Shape of the Medical Workforce; Informing Medical Training Numbers](http://www.cfwi.org.uk/intelligence/shape-of-the-medical-workforce-informing-medical-specialty-training-numbers/cfwi-medical-fact-sheets-2011)'. This can be accessed at <http://www.cfwi.org.uk/intelligence/shape-of-the-medical-workforce-informing-medical-specialty-training-numbers/cfwi-medical-fact-sheets-2011>. The recommendation for SEM is that training numbers should be maintained at current levels for the next three years.

Congratulations:

August 2011 sees the first of our 'run through' trainees completing their higher specialty training and achieving the award of a CCT leading to inclusion on the Specialist Register of the GMC. Many congratulations to these brave pioneers who were bold enough to take a leap into the unknown when specialty training was in its infancy. I have no doubt that many will go on to be the future leaders and drivers of our specialty.

Congratulations are also due to those trainees who have been successful in gaining entry to the Specialist Register via the CP-CESR pathway during the past year.

Thanks

I am coming to the end of my period as SAC Chair and will demit office after the SAC meeting in October. This has been an extremely challenging and rewarding experience and I would like to record my thanks to my fellow SAC members and the staff at JRCPTB who have all contributed enormously to the development of postgraduate training in Sport and Exercise Medicine in the UK. There is no doubt that major improvements to SEM training have been achieved in the past four years and this is testimony to the dedication of all of the Training Programme Directors and Educational Supervisors as well as the enthusiasm of our trainees. I am sure that this progress will be maintained under my successor as SAC Chair, Dr Simon Till and I wish him every success in this role.



Appraisal Committee

Dr Rod Jaques



At the time of writing there have been over 60 appraisals done by the Faculty. This has generated about 80 untoward event reports, which has been critical in discussions with the MDU in determining the underwriting risk of SEM Physicians. A summary of untoward event reports was given at the September FSEM AGM.

The FSEM Appraisal process is very well positioned in its potential for adaptation to enhanced appraisal for Revalidation. The appraisal process has undergone at least one major revision since its inception in 2008. I would like to take this opportunity to thank all the appraisers of the Faculty who give up their time to manage the FSEM appraisal process. The FSEM Council is looking in the near future, to both reduce the appraisal costs for our members and fellows and to provide a small reward to the Appraisers, who to date have given their time for free.

Finally can I remind members and fellows of the issues they should consider when choosing a FSEM Appraiser

1. Appraisees should remember that their choice of appraiser should be an individual who will meaningfully and valuably contribute to their appraisal experience.
2. Appraisees will be offered a list of appraisers by the Faculty office within their geographical region. Appraisal costs are kept to a minimum by ensuring that the (unpaid) appraisers' travel costs and time commitments are made as efficient as possible.
3. If an appraisee feels that this local list of appraisers is not suitable, an alternative can be applied for, within reason, from the FSEM approved appraiser list.
4. Only in exceptional circumstances will the same appraiser be allowed to conduct the appraisal for more than three consecutive years.
5. For appraisers to remain competent the Faculty advises that a minimum of two appraisals are done per year. Appraisers should not normally conduct more than six appraisals per year.
6. It will not normally be acceptable for an appraisee to act as their future appraiser's appraiser within a three year period.
7. It is essential that an appraisee provides all the relevant documentation at the appraisal and if necessary speaks to the appraiser in advance of the appraisal to clarify the documentation required.
8. Appraisers must complete the written appraisal process within fifteen working days of the appraisal date.

Education Committee

Professor Stewart Hillis



The education committee has continued to discuss with BASEM concerning collaborative meetings and sessions at conferences. A joint session at the ICSSEP Glasgow pre Olympic meeting which is being organised by Greg Whyte has been proposed including ISEM. Discussions regarding the content have included bone screening, other topics related to female participation in sport, the influence of exercise in diabetes and obesity and GP exercise referral. The final programme will be circulated after discussion with Dr Andrew Franklin-Miller and Prof David Patterson.

A session has been agreed at the World Sports Trauma Congress on 19th October 2012. Preliminary topics concerning sports specific injuries or health related aspects of sport will be considered with regard to the general content of the programme. The 3rd Congress of the European College of Sport and Exercise Physicians (ECOSEP) will be held in April 2013 in Frankfurt. The involvement and contribution of the Faculty will be discussed with the Faculty representative Prof Nicola Maffulli.

The Annual Meeting was held in the Apothecaries Hall on Thursday 29th September 2011. The academic meeting took the form of an Update Meeting on mixed Sports and Exercise Medicine Topics of present interest.

Dr Andrew Franklin-Miller spoke on an update on evidence based medicine covering areas of academic studies and how they might impact on personal clinical practice. Under the umbrella topic of exercise prescription Professor Rod Taylor spoke on the costs and outcomes of Exercise referral schemes. This revealed some weaknesses of data on the beneficial effects of exercise in individuals presenting with risk factors in the absence of previous specific cardiovascular events. Although this data was disappointing the talk developed structures which should produce a template for critical review of exercise programmes in health and disease in the future. Mr Andy Parkinson gave a review of the WADA doping regulations and the updated list of banned substances. This promoted discussions on the interaction of UKAD and WADA and the practical impact on procedures. Discussion was held on the individual programmes being conducted by the FA and Rugby Union Governing bodies and how they facilitated educational programmes which might be extended to other Sports. An update on cardiovascular screening was presented by Prof W.S. Hillis discussing the strengths and weaknesses of present methods of assessment and the impact of the inclusion of non invasive testing on screening programmes.

A stimulating and enthusiastic presentation was given by Natasha Jones newly appointed consultant in SEM and the first recipient of the Bauerfeind Travelling Award. The subject was Developing Exercise Medicine in the NHS which was complemented by the circulation of the NHS Publication, Sport and Exercise Medicine "A Fresh Approach" authored by Dr Natasha Jones and Dr Richard Weiler and several specialist registrars in SEM.

A lively debate on the relative merits of sending sports participants abroad for surgery was held between Nicola Mafulli and Angus Wallace moderated by Nick Peirce. Comparison of individual surgeons' results and total care packages being offered stimulated lively debate and it was felt that this format was extremely successful and should be used in future.

Other activities included the second competition for the Bauerfeind Travel Award which was adjudicated by Nick Webborn, Simon Till and W.S.Hillis. The quality of the application was extremely high and after appropriate debate the prize was awarded to Dr Wilby Williamson.

The activity of undergraduate students with an interest in sports and exercise medicine has continued to be encouraged. Contact has been maintained by telephone conferences and attendances at local and national student meetings by representatives of the Faculty. Affiliated membership of the Faculty has been given to interested students and individual advice has been given to students seeking help with regard to educational and clinical opportunities. Student groups with SEM local societies have been identified and encouraged and several discussions have occurred to form an Undergraduate National Society for SEM. This will be launched at the UKSEM meeting on 23rd November 2011, the day of the student's poster presentations at this important international meeting.



Examination Committee

Dr John Jenner

Current Committee

Dr Jumbo Jenner (Chairman)
 Dr Jane Dunbar (Vice-Chair)
 Dr Phil Batty
 Dr Stuart Miller (since resigned)
 Prof Stuart Hillis
 Dr Wendy Dodds
 Dr David Pugh
 Dr John MacLean
 Dr Mike Irani (Committee Member elect)
 Prof Mark Batt (President)
 Dr Rod Jaques (President-Elect)
 Dr John Etherington (Vice-President)
 Mr Jim Foster (Treasurer)
 Mrs Yvonne Gilbert (FSEM, Executive Manager)
 Ms Rita Capaldi (FSEM)
 Mrs Sue Grant (RCSEd)
 Mrs Gillian Joyce (RCSEd)
 Mrs Rosemary Thompson (RCSEd)

This year's examination committee annual report is a little longer than normal on two accounts. Firstly in the spirit of openness and hopefully interest I have included more detail of committee members, examination results and names of some of the people closely involved in the diploma. Secondly, I hope a greater insight into the workings of the diploma will spur members of the Faculty to join us in the exciting task of keeping our diploma 'up to the mark' in our aim to be the gold standard qualification of Sport and Exercise Medicine.

Membership of the committee

There have been a number of resignations from the committee including Peter Helms and Carrie MacEwen both of whom have given much to the diploma over many years. They have been instrumental in developing the new face of the diploma, especially the introduction of the MCQ format for the part 1 and the OSCE format for the part 2. Their work will continue to be appreciated for many years to come. The new faces on the committee are listed above and are welcome. Much hard work lies ahead.



FSEM Examiners at RCS (Ed) September 2011

The role and content of the diploma examination

One of the most frequent and lively discussions I have had in the last year with both established fellows and trainers is the role of the diploma. The straightforward answer is that the diploma is now blueprinted on the 2010 curriculum and set at a standard that is expected of a specialist trainee in SEM after 2 years of training at the end of ST4 and is required to progress to ST5. The diploma is still open to any medical practitioner who can demonstrate a commitment to SEM and wish a qualification in SEM.

The subject that causes the most heated discussion is whether we should continue to include OSCEs on resuscitation and trauma. Until recently if a candidate failed the resuscitation station she/he failed the whole examination. This is not a requirement of the current 2010 curriculum and our educational advisors are clear that 'sudden death stations' are not acceptable in modern examinations nor are they acceptable to the GMC. Failure at the resuscitation station no longer results in an automatic fail for the whole examination. In practice very few people have failed the resuscitation station in the last 2 years and there is also an entry requirement of an up to date resuscitation certificate for entry into the part 2. There are those who would like to see this continue as a knock out station and others who feel that it should be taken out of the examination altogether and examined in a different setting. I have no doubt that this debate will continue but for the time being the diploma will continue to be mapped onto the entirety of the curriculum and include a resuscitation station. It is important for individuals to be aware that even when they have passed the diploma that they still have a responsibility to maintain their resuscitation and pitch side trauma skills with regular updates on ALS, ATLS and pre-hospital sports trauma care courses in line with the recommendations of the curriculum and the sporting bodies that an individual may be involved with

Results of the SEM diploma Examination

Part 1

	Total applied	Total Sat	Pass	Fail	Withdrew	% Pass	
Mar-08	31	31	24	7	0	77.42	These results and prt2 May-08
Oct-08	31	30	16	14	1	53.33	
Apr-09	41	33	18	15	8	54.55	New SBA and EMQ format introduced
Oct-09	39	35	20	15	4	57.14	
Mar-10	25	21	12	9	4	57.14	
Oct-10	35	30	24	6	5	80.00	Angoff standard setting
Mar-11		25	19			76.0	
Oct-11		20	15			75.0	

*Borderline regression marking introduced November 2010. To meet modern GMC requirements the need to introduce a robust objective marking system to both the part 1 and part 2 examinations was identified as a priority.

During 2010 considerable effort was put in by members of the committee to standard set all the questions for the part 1 using the Angoff method. This enabled a pass mark to be agreed prior to the October examination. This has had the apparent effect of lowering the pass mark by approximately 20%. Other factors including a higher proportion of trainees now taking the examination may well have contributed to this increase in the pass rate. However in the year prior to the introduction of the part 1 MCQ examination the pass rate varied from 53% to 77%, reflecting a wide variation in the number of candidates passing the diploma prior to the introduction of the new examination and the marking systems.

The marking system of the part 2 OSCE examinations changed to the more robust and objective 'borderline regression method' in November 2010. This does not seem to have had a significant effect on the pass rate compared with the historical figures.

Feedback and appeals

There have been no appeals since the last report but there have been a number of requests for detailed feedback from candidates after each of the part 2 examinations. This has been provided with some positive feedback. The content and timing of feedback will be discussed at the next committee meeting.

Quality assurance

The changes to the examination have highlighted the need to ensure that the quality of the examination is at a standard required by the GMC. After a period of discussion it has been agreed by the committee to appoint Richard Wakeford and his team to advise us on quality assurance. Richard has a long association with the examination syndicate at the College of Surgeons at Edinburgh and advises on the College's dental examination. His team has been highly recommended by both the Edinburgh College as well as my colleagues in the Deanery at the University of Cambridge where he advises on the QA of the final MB examinations.

Dissociating the part 1 from the part 2 of the Diploma

Until recently it was a requirement of the diploma that successful candidates at the part 1 should proceed without a break to the part 2. In addition it is a requirement of the curriculum that Specialist Trainees in SEM need to pass both parts of the diploma to proceed from ST4 year of their training to ST5. The part 1 is a knowledge based examination. The part 2 exam aims to test the application of this knowledge through the OSCE format. It has become clear that all trainees may not have acquired sufficient 'field experience' to pass this part of the diploma. Changes in the timing of the examination are now planned and an application to the GMC has been made to dissociate the 2 parts of the examination. This would allow trainees to proceed to ST5 training with part 1 of the diploma with the requirement to pass part 2 by the end of ST5. The ability to proceed from part 1 directly to part 2 will be retained.

Question writing and standard setting

The diploma needs not only a constant supply of new questions (single best answers, extended matching questions and OSCEs) but also to review the quality of old questions. In addition all new questions must be standard set by a minimum of 8 people and previous standard settings reviewed in the light of the statistical data produced by Speedwell after each exam. This is time consuming work. The committee plan to hold a number of questions writing days separate from the days of examinations to try to facilitate this process. It is hoped that members and fellows of the Faculty as well as examiners will contribute to these days. The first question-writing day to be held at the RCP London was held on October 11th and I am particularly grateful to Dr Andy Nicol, Dr Nick Strowbridge and Dr Rick Seah for contributing questions and to Prof John Fairclough and Dr Kim Gregory for given up their valuable time to make this event a success. We will be sending out dates for similar events in the future with plenty of warning and hope that Faculty members will feel able to contribute. We plan to arrange training with these sessions and to make them as enjoyable as possible. CME points will be applied for.

Computerisation of marking of the part 2

A priority for the future is to enable the OSCE examinations to be marked and the pass mark calculated automatically. Plans for a computerised marking system are now well advanced. A computerised system will ensure reliability of data entry as well as enabling quality information to be generated in the same way as Speedwell does for the part 1. Our current system is very time consuming and I am grateful to all in the examination department who have helped us move to the new system of marking. In particular I would like to thank Fiona Gibb, who has spent many long hours double checking our manual data entry and results.

The examination department

This year's report would not be complete without acknowledging all the members of the examination department who do so much unseen and invaluable work. There have been a number of changes. Jan McNeil who has looked after the question bank with Shona Watt for many years retired in the summer and we are very grateful for all her hard work. We welcome her replacement Gillian Joyce, who continues to be very ably supported by Shona. Rosemary Thompson has taken over the day to day running of the examination from Cathy McKenzie. Finally we welcome back Sue Grant who has a long connection with the diploma and has taken back the reigns from Ewa Sliwinska to oversee the examination team.

Examiner training

Many thanks go to all of the examiners who have given up their valuable time to not only examine this year but also to attend examiner training. This is a vital part of the examination, without examiner training examination marks can become skewed and adversely affect the marking systems that we now have in place.

	Total applied	Total Sat	Pass	Fail	Withdrew	% Pass
May-08	41	31	24	7	10	77.42
Nov-08	38	22	9	13	16	40.91
May-09	46	24	11	13	22	45.83
Nov-09	27	23	8	15	4	34.78
May-10	27	22	11	11	5	50.00
Nov-10*	42	41	22	19	1	53.66
May-11		21	9			42.9

Results of the SEM diploma Examination Part 2

An equally big thank you goes to Yvonne and Rita in the office who organise the training days and committee meetings and generally keep us all on our toes.

Finally Dr Jane Dunbar needs a very special mention as she continues to devote many hours of her time on a voluntary basis to ensuring that the part 1 runs to a very high standard as well as giving me a huge amount of help in every aspect of the examination.

**The Institute of Sports and
Exercise Medicine**
Professor David Patterson



In the last twelve months we have made some steady progress against a backdrop of huge concern about the financial situation of the country, the financial and organisational problems facing the NHS, and the anxiety about the future of research funding.

In the early part of 2011 we, the Faculty and BASEM agreed a shared Research Strategy (2011 - 2014). This is an aspirational document and we are now working to deliver it in the above context. The document can be seen on our website (<http://www.FSEM.ac.uk>).

In the autumn of 2010 The ISEM and Arthritis Research UK convened a successful shared international conference. The conference was opened by Dr. Richard Budgett OBE, Chief Medical Officer for the London 2012 Olympic and Paralympic Games and the chairman of BASEM. The main remit of the two day conference was to identify the scale of the problem of osteoarthritis, its relationship to sport and activity and the research priorities that need to be addressed.

On the evening before the conference, at an event in the House of Lords, by kind permission of the Lord Speaker and hosted by Lord Pendry, The ISEM and Arthritis Research UK the visiting speakers and their partners were greeted. ISEM prizes were presented by Mr Tim Henman OBE.

The Duke of Edinburgh Prizes for outstanding contributions to education, clinical and/or research work in the field of sports medicine, and in the community were awarded jointly to - Professor Per Renström and Professor Lars Peterson and to Professor Domnhall Macauley and Professor Paul McCrory. The Sir Robert Atkins Prize was awarded to Dr Christopher Jarvis. The Institute established this award - named after a previous Minister for Sport - in recognition of a Doctor who has provided, for not less than five years, the most consistently valuable medical (clinical/preventative) service to a national sporting organisation or sport in general.

We are now planning with BASEM to increase the number and categories of prizes and to award them at the annual UK SEM Conference. Included amongst the categories is a prize targeted at Medical Students. We are looking forward to receiving all the submissions.



Mr Tim Henman OBE presenting The Duke of Edinburgh Prize to Professor Paul McCrory and Professor Domnhall Macauley [Photo: Fergus Burnett](#)



Mr Tim Henman OBE presenting The Duke of Edinburgh Prize to Professor Per Renström and Professor Lars Peterson [Photo: Fergus Burnett](#)



Mr Tim Henman OBE presenting the Sir Robert Atkins Prize to Dr Chris Jarvis [Photo: Fergus Burnett](#)

We were very pleased to discover our Coat of Arms in colour. It had been safely stored in a fine red box at the time of one of our moves. The Institute obtained its Coat of Arms in the summer of 1990. In the Arms there is a torch of learning. The coronet is an old royal coronet whose use is permitted and symbolizes The Institute's Royal Patron as does the rock which appears in the arms and badge of Prince Philip. It is doubly significant as it also symbolizes the sure foundation of The Institute. From it issues an arm grasping a torch which here not only symbolizes learning but also the Olympic torch. The arm is at an angle and the flames are streaming behind to suggest that it is the arm of a runner, in the prime of his health and fitness. The snake of healing has also been added.

Professor Greg Whyte and Dr. John Lloyd Parry attended a reception at Lords Cricket Ground in recognition of The Duke of Edinburgh's 90th birthday. The 'His Royal Highness, The Duke of Edinburgh, KG, KT' was proposed by C.D.A. Martin-Jenkins, MBE, President of the M.C.C. The warm response by H.R.H. addressed some 41 organisations of which he was the Patron. The range was remarkable, extending from Crathie and Windsor Cricket Clubs to the Forty Club, M.C.C. and the Counties of Hampshire, Kent, Lancashire, Middlesex and Surrey. It also included Amateur Boxing, the sport of Shooting, Motor Racing, Climbing, Aquatic Sports, Rugby Football, Football, Squash, Polo, Rowing, Modern Pentathlon and UK Athletics.

Also present were the English Twenty Club, Fields in Trust, the Lord's Taverners, Sports Leaders UK, Sport and Recreation Alliance, the Sports Turf Research Institute and the Standing Conference on Countryside Sports. During the proceedings, His Royal Highness was presented with a statuette of a fielder with an outstretched arm taking a catch.

We are very pleased to note the recent success of Professor Nicola Maffulli in developing and gaining a NIHR Academic Clinical Fellowship in Sports and Exercise Medicine. The academic part of the programme will be at Queen Mary, University of London and the clinical components within the London Deanery. This type of post which we believe is the first in SEM in the UK is a very important "building block" for the future with the development of a new cadre of research active clinicians in this discipline. These NIHR Academic Clinical Fellowships are specialty training posts that incorporate academic training. The Academic Clinical Fellows (ACFs) spend 75% of their time undertaking specialist clinical training and 25% undertaking research or educationalist training. They are aimed at those who, at the early stages of their specialty training, show outstanding potential for a career in academic medicine or dentistry.

The ISEM is now starting a new chapter in its journey. It is partnering BASEM in the annual UK SEM conference. We will be helping to develop the research themes at the conference and in particular illustrating the bi-directional translational nature of research. The clinician or practitioner raising the research questions; and the researcher developing new knowledge for the clinician to apply. We will also be developing the range of prizes and putting in place measures that will stimulate the researchers of the future as well as encouraging those already developing ideas.

Faculty of Sports and Exercise Medicine, RCPI and RCSI
Dr Philip E Carolan

Professional Competence Scheme (PCS)

In May 2011, the Medical Practitioners Act 2007, Part II, Maintenance of Professional Competence came into effect. The Medical Council recognised the Faculty of Sports and Exercise Medicine, RCPI & RCSI as the body to run the Professional Competence Scheme for Sports & Exercise Medicine. Dr L Joe Conway is the Manager of the Scheme (PCS) on behalf of the FSEM. All doctors on the (Irish) Medical Council should register in the scheme appropriate to their daily/weekly medical practice, and attend relevant meetings for CPD.

Accreditation of the Faculty as a Training Body / Higher Specialist Training

The Medical Practitioner Act 2007, Part 10, Education and Training, Section 89 covers the Accreditation of Training Bodies and Qualifications for the Purpose of Specialist training. The Council plans to assess all 13 training bodies by the end of 2013 and FSEM will be assessed in 2013. Professor Michael G Molloy chairs FSEM subcommittee on Reaccreditation to incorporate Higher Specialist Training issues.

Right: Pictured after the Conferring ceremony, Ms Éilis McGovern, PRCSI; Dr Philip Carolan, Dean of FSEM; Dr John Donohoe, PRCP.



Surgery and Postgraduate Faculties Board, RCSI

Since RCSI was granted Degree Awarding Status by the Minister for Education and Science in November 2010, two new Boards were established to look after both undergraduate and postgraduate matters. The Postgraduate Faculties are represented on the SPGFB and I have attended Board meetings and also a workshop on Governance and procedures, organised through RCSI and the SPGFB.

Forum of Postgraduate Training Bodies (PGTB)

As Dean, I represent the Faculty on the Forum of Postgraduate Training Bodies. The Forum is very supportive to the Faculty and we are working with the Forum executive on reapplying to both the Medical Council and HSE METR to approve a Higher Specialist Training programme and in turn receive funding.

As Dean of FSEM, RCPI & RCSI, I am pleased to represent the Faculty at Council meetings of the Faculty of Sports & Exercise Medicine UK (FSEM UK). The meetings are a valuable opportunity to meet colleagues in the UK and to share experiences on opportunities and challenges in the specialty of Sports and Exercise Medicine.



Faculty of Sports and Exercise Medicine, RCPI & RCSI Board, 2011

Front row L to R: Dr John O'Riordan, Prof Eilis McGovern, PRCSI; Dr Philip Carolan, Dean of FSEM; Dr John Donohoe, PRCP; and Dr Frank McGrath
 Second row L to R: Dr Nick Webborn, FSEM, UK; Dr Rod McLoughlin, IIS, Dr Mary Archer, Prof Michael G Molloy, Prof Giuseppe De Vito, Dr Joe Conway, Dr Joe Cumiskey, Dr Michael Webb and Dr Padraig Sheeran. Absent from the picture are Dr Martin McConaghay and Dr Pat Duggan

European College of Sports & Exercise Physicians (ECOSEP)

The European College of Sports & Exercise Physicians plan their third ECOSEP Annual Conference for Frankfurt in 2013. As Dean, I gave a lecture on Sports & Exercise Medicine in Ireland in September 2011 at the ECOSEP Conference in London.

HSE Tobacco Control Framework Committee.

I have represented RCSI on the Health Service Executive Tobacco Control Framework Committee, which sits four times a year and has launched a 'Quit campaign' initiative.

Honorary Fellowships

During the Annual Scientific Conference in 2010, the Faculty conferred Honorary Fellowships on Prof. Peter Fowler a renowned Orthopaedic and Sports Surgeon from London, Ontario, and on Mr John Treacy, CEO Irish Sports Council, in recognition of his contribution to Irish Sport. As an important part of the 2011 Scientific Conference, we conferred Honorary Fellowship of the Faculty on Professor Karim Miran-Khan and Professor Donal Brendan O'Shea.

Annual Scientific Conferences

A successful Annual Scientific Conference was held in RCSI in September 2010.

The original research section attracts a good audience and is a forum for Postgraduate Trainees and established doctors to present their material. In 2011, continued the 'Team Physician' session, with further expert views and advice from home and abroad, which included a talk from Dr. Richard Budgett on the "London Olympics". The Original Research session, Case and Poster Presentations – always entertaining and informative, took place, and this year authors of Posters were asked to give a short presentation of their work. Delegates very much appreciated lectures from Prof Håkan Alfredson and Prof Karim Khan, both world-renowned speakers, in the Tendinopathy session. We concluded the conference with the "hot topic" of Concussion, which was discussed by a panel of Medical Officers currently involved with international and national sports and teams. Attendance was up on previous years, and we look forward to increased participation in future, especially in light of PCS/CPD requirements.

Joint Diploma in Musculoskeletal Examination FSEM & Irish College of General Practitioners

The Joint Diploma Programme with the ICGP commenced in September 2010, and 24 practitioners received diplomas. The programme for 2011/12 has already commenced.

Musculoskeletal Examination DVD Module

The Musculoskeletal Examination DVD Module is nearing completion, using the services of 'CPD Sessions' to coordinate the project, with filming and producing. These modules will be incorporated into CPD material of benefit for those on our Professional Competence Scheme and the FSEM/ICGP Joint Diploma programme.

I would like to thank all Members and Fellows of the Irish and FSEM UK Faculties for their support and friendship during my three years as Dean of the Irish Faculty. It has been a challenging, interesting and rewarding time. I achieved some of the goals that I set for myself and the Faculty, and I look forward to the continued development of the Specialty of Sports and Exercise Medicine into the future.

Nominations Committee

Dr Charlotte Cowie



The work of the Nominations Committee has remained largely the same over the past year; the main and most heartening change is that we have started to see a steady trickle of new Fellows who

have achieved this status through completing their formal NHS SEM training programme. There are now 6 of these fellows at the time of writing and I anticipate more shortly.

The challenge remains that of ensuring equity in the allocation of Membership and Fellowship by Election to a group of individuals whose backgrounds, qualifications and experience are extremely varied. In general those who are unsuccessful in their applications have either not yet accrued sufficient stand-alone SEM experience or are clearly making their way into another specialty such as Orthopaedics, A&E or General Practice. To those who have been unsuccessful in application, we encourage any who see SEM as their main career goal to re-apply in the future, and would remind them (and their mentors who may be reading this) that they will only be charged should they succeed in their application and that there is no limit to the number of times they may apply.

The criteria for Membership and Fellowship remain on the FSEM website as guidance, but I anticipate that they will continue to evolve as the specialty evolves over time.

The vast majority of our applications are successful and I am happy to report that this has now resulted in the Faculty comprising of 216 Fellows and 309 Members.

I am again grateful to Simon Till and Mike Allen for their ongoing work on the committee.



OUTGOING SPECIALTY REGISTRAR (StR) REPRESENTATIVE'S REPORT

Dr Rick Seah



This will be my final report as the inaugural SEM StR representative on FSEM Council. It has been a privilege to serve our Fellows, Members and trainees in this role.

SPRSEM closed email forum

To promote cohesiveness amongst the SEM registrar group (which numbers just under 50 trainees in England, Scotland, Wales and Northern Ireland), the SPRSEM e-mail format has been set up, similar to the UKADIS e-mail format. This allows rapid communication between registrars and enables us to discuss forthcoming meetings, educational sessions and general thoughts on specialty training.

SEM Registrar educational website

An StR educational training website has also been set up (<http://sem-training.squarespace.com/>) to encourage improved quality of educational material for training. This website includes relevant links to musculoskeletal radiology, clinical examination skills, exercise medicine and doping, for example, which registrars may find a useful resource. Some commonly attended postgraduate courses such as the Sports Trauma Pre-hospital Courses, Exercise Testing and Physiology Courses are also listed here. Case reports, guidance on appraisal, revalidation and commonly used StR assessment tools have also been uploaded.

Special thanks go to Drs James Brown, Stephen Chew, Laurence Heslop and Chris Hughes for their ideas and enthusiasm in getting both the e-mail forum and educational website up and running.

SEM StR conference

An SEM StR conference entitled 'Employment strategies and solutions' was organised by Dr Richard Weiler, one of the London Deanery SEM StRS. This was held at the Cass business school in February 2011 and positively utilised the dynamism and energy of the SEM StR group to actively promote the specialty and look at substantive long-term SEM specialist posts. Although senior members of the Faculty have worked extremely hard to establish substantive posts once we exit specialty training, there is a realisation that registrars themselves must also bear some of the burden and be proactive in aiding this process.

SEM Specialist exams

There have been some changes to the Faculty diploma examination. Year-on-year, the standard of the overall examination increases, making it more difficult to attain. The Part One written examination should now be passed by an SEM STR by the end of ST4 (it used to be ST3), whereas the Part Two clinical examination achieved by the end of ST5 (previously by end of ST4). Increasingly, knowledge of exercise medicine, physical activity promotion and population health are tested in both sections.

The Faculty examination has also been decoupled so that successful candidates in Part One of the exam are no longer obliged to do Part Two immediately. This change is in keeping with the membership diploma examinations of other Royal Colleges. This is an improvement, as previously candidates who were focused on passing the written section of the exam would have done so only to find that they did not have much time to adequately prepare for demands of the clinical section.

2012

The London 2012 Olympics are rapidly approaching! SEM StRs who are in their final two years of training can expect to be involved with the Olympic and Paralympic Games in some aspect, utilising this unique experience where they will be supervised by a senior SEM physician. This is a once in a lifetime opportunity that no other medical specialty can offer.

Succession

I am left with one final task to carry out before I sign off for good! It gives me great pleasure to welcome my successor, Dr Wilby Williamson, as the newly elected SEM StR representative. Wilby is a driven and enthusiastic SEM registrar training in the East of England Deanery. I am sure the Council will benefit from his contribution and I wish him much success in this new endeavour.



INCOMING SPECIALTY REGISTRAR (StR) REPRESENTATIVE'S REPORT

Dr Wilby Williamson



As trainees entering SEM we expose ourselves to a degree of risk and uncertainty with regards our futures. It can be unnerving leaving the familiar turfs of VTS, ACCS and CMT with their relatively well defined end points. The current economic and politic climates can further add to our worries. Overcoming these challenges is not easy and it is only natural that we may experience ups and downs as we attempt to decipher the direction of our careers. However, as SEM trainees, we have fantastic opportunities. Not only can we explore exciting careers but we can help shape the direction of a Speciality. Few of our peers in more traditional roles have this freedom.

If we review the aspirations of SEM trainees published in the 2010 FSEM newsletter, nearly 50% wanted to continue with an NHS career. The structure of the future NHS is uncertain, but increasingly regional health payors (either PCTs or Commissioners) will have freedom to choose service providers. This provides an opportunity for young dynamic consultants with a broad skill set and clinical excellence to market themselves as value added members for a service network.

We are all individuals with our own ambitions but we all share a common goal of becoming autonomous clinical practitioners. If we are to achieve this objective we have to prove our clinical utility and economic sustainability. One demands the development of clinical expertise and the other the parameterisation of the service we can provide.

The FSEM council and the SAC are striving to raise the standards of the trainee's clinical excellence, but ultimate the responsibility comes down to us as individuals to prove our worth. Looking at the career developments in the last year there are only a limited number of SEM consultant positions becoming available. Some might suggest that we are therefore all in direct competition. Personally, this is pessimistic and a negative outlook. We should channel our competitive energies into pushing each other to achieve academic and clinical excellence.

We spend our training years working in different specialities and occasionally with allied professionals with limited experience of SEM. We could take the perspective that our time in these roles is simply a training requirement, which we can stumble through. Or we can take it as an opportunity to market the Speciality, create a name for ourselves and make heads of departments eager to employ us when we CCT. The professional sporting arena can be unreliable and it is naive to think that we can easily walk into team positions.

Neither can we all expect to work within the National hubs. Therefore, we should reflect closely on the impression that we leave during our time in host specialities. There is a high potential for us all to seek employment within existing service networks.

As we welcome new trainees into the speciality we should acknowledge the efforts and endeavours of the SEM trainees over the last 12 months. There has been an excellent demonstration of innovation and creativity. To mention a few: Richard Weiler has worked tirelessly to campaign on behalf of the specialty raising our profile. Richard Seah and Stephen Chew have worked to improve the quality of our education and clinical exposure. Ciaran Cosgrave, Thamindu Wedatilake and Courtney Kipps have all organised fantastic education away days. This is by no means a comprehensive acknowledgement of the trainee's efforts. However, it highlights an enthusiastic willingness to share and disseminate knowledge to improve collective understanding.

London 2012 will bring great excitement into the SEM ranks and potential momentum for the growth of the Speciality but we all need to look beyond the events of the next 12 months.

London 2012 will bring great excitement into the SEM ranks and potential momentum for the growth of the Speciality but we all need to look beyond the events of the next 12 months.

Where do we see ourselves working? What are the skills we need? How are we going to push the boundaries of our specialism? As we navigate our NHS training schemes we need to gather objective evidence that we provide an excellent service and demonstrate that we are as good as, if not better, than our counter parts in other specialities. With current political and economic pressures we need to raise our game and raise our profile.

Should any trainees wish to propose ideas for future projects or raise concerns about their careers and education then as a cohort you have two representatives. I sit on the FSEM council and Dr Kim Gregory sits on the SAC council. We provide a voice for the SEM trainees but in order to represent you fairly we need you to communicate your concerns. The SPRSEM forum provides an ideal platform for trainee communications and both Kim and I are happy to receive emails from individuals.



Bauerfeind Awards
Dr Natasha Jones
(2010)

The 2010 Bauerfeind award was won by Dr Natasha Jones for her business plan for an Exercise Medicine service in the NHS.

This generous award was used to fund travel to EIM at the ACSM congress in Baltimore and then to travel to the Netherlands to visit centres of Excellence in Exercise Medicine in Rotterdam, Eindhoven and Zwolle. This visit was kindly facilitated by Dr Adrian Weir.

As a result of this award, Dr Jones has led a team of authors to produce Sport and Exercise Medicine-A fresh Approach. www.fsem.co.uk

This work was presented at the FSEM annual meeting.

It is hoped that this work will result in the continued development of Exercise Medicine in both Primary and Secondary care locally and nationally.



Honorary Fellows 2011 Citations

Professor Clyde Williams OBE

Presented by Dr Rod Jaques
Vice-President
Faculty of Sport and Exercise
Medicine



Clyde Williams must rank as one of the current preeminent Sport Scientists in the United Kingdom. He is professor emeritus at Loughborough University who, in 1986, was appointed to the first chair in sports science in the country and in 2009 he was awarded an OBE in the Queen's Birthday Honours List for his contribution to sports science.

Clyde was brought up in Maesteg, South Wales. He obtained a BSc in Chemistry at the University of Wales, Aberystwyth in 1964 followed by a Diploma in Education in 1965. He went on to do an MSc in Exercise Physiology and Biochemistry at Washington State University in 1969 and a PhD in Physiology at Aberdeen University in 1978. He taught human physiology at the University of Aberdeen for eight years before being invited to Loughborough University to set up a full time sports science research group. Elected Head, he transformed what was a mainly teaching Department, with a reputation for producing outstanding teachers of Physical Education, into the leading sport and exercise science school in the UK. After almost a decade as head of department he was appointed as Pro-Vice Chancellor for Research to lead the drive to increase the research performance of the University.

Clyde has had a productive research career, publishing more than 200 papers in peer review journals and successfully supervising 36 doctoral students, six of whom are now professors of sport and exercise sciences. In addition to his University commitments he has chaired several significant national and international committees including the 2008 RAE sub-panel for sports-related subjects and the first IOC Consensus Conference on Food, Nutrition and Sports Performance. He was the founding chair of the British Association of Sport and Exercise Sciences (BASES) and was awarded an honorary fellowship of the Association for his many contributions. He was a member of the FA Medical Committee and worked with several England managers during their preparation for World Cup Tournaments. In addition he is a member of the advisory boards for several international peer review journals including the international journal of sport nutrition and exercise metabolism. He has held visiting professorships at Nottingham University Medical School, the Institute of Sports Science, Shanghai; Ball State University, Indiana, USA and currently at the Vrije University of Brussels.



Dr Wilby Williamson (2011)



There can't be many people who have a building named after them, but Clyde has, opened by the Princess Royal in 2009 as the new Exercise Physiology Research and Teaching Centre at Loughborough University.

Clyde's links with Sports Medicine has paralleled the dual rise of Sports Medicine and Sports Science in the UK and he has made significant contributions to both. He attended the first BASEM Conference in Oxford in 1969 and is a regular contributor to the Annual Conferences of the Scottish Section of BASEM. He was one of the Lecturers when I did the Diploma in Sports Medicine at the London Hospital, many years ago! and I vividly remember joining his lunchtime jogging group for a canter around the Loughborough University campus. He served as deputy editor of the British Journal of Sports Medicine. In 1999 he became Vice-Chair of the Board of Directors at the former National Institute of Sports Medicine.

He has been an External Examiner on the MSc course in Sports Medicine at Nottingham University Medical School and was appointed Special Professor in Sports Medicine in 2002. He has had a couple of attempts at retiring, the latest being at the end of 2010, nevertheless he continues to promote high standards of research in sports science in general and in sport and exercise nutrition in particular. He is currently chair of the Board for the Registration of professionals working in sport and exercise nutrition (SENr). This newly established Register will help create a regulated profession that complements the work of state registered dietitians, and so provide quality assurance for the benefit of all who participate in sport and exercise. On a personal basis, he has provided Sports Science and Nutritional support to Olympic athletes as notable as Sebastian Coe. Clyde's contribution to education, teaching, sports science research, the development of sports science and medicine as specialities has clearly been vast. Behind the list of notable achievements of Clyde's extraordinary career sits an individual who still has a huge appetite and enthusiasm for his subject, support of young students and vision for an ever increasing knowledge in his field. Clyde is hugely supported by his wife Joan to whom he has been married for 47 years. Clyde and Joan have three daughters who in turn have produced five grandchildren. In his spare time, with their support, he puts his sports science into practice by taking part in cycling events for charity. The Faculty of Sport and Exercise medicine is delighted to award an Honorary Fellowship to Clyde Williams for his impact on sports science and sports medicine in the United Kingdom.

Professor Per Anders Frans Hjalmar Renström

Presented by Professor W Angus Wallace (Nottingham)



Your Royal Highness, President & Council, Fellows and Members, Ladies and Gentlemen it is my great honour to present Professor Per Anders Frans Hjalmar Renström for the award of an Honorary Fellowship for the Faculty of Sport & Exercise Medicine.

This is going to be a very personal citation as I have known Per very well for over 20 years particularly since we got to know each other at the 40th Anniversary Meeting of the Swedish Society of Sports Medicine in Gothenberg in 1992. At that time I had just set up the first Masters Degree in Sports Medicine in Nottingham and I was aware of the valuable scientific research which he had developed at the Department of Orthopedics at Sahlgren University Hospital in Gothenberg up to 1998. I was also aware that he had been appointed to a full professorial post in Orthopedics and Sports Medicine at the University of Vermont in Burlington, Vermont, USA at the age of 46.

Per is now the Great Grandfather of Sports Medicine research in Europe and I will explain why later, but before I do I need to give you an insight into the barriers Per broke through in developing sports medicine and how great his achievements were. Per was trained as an Orthopaedic Surgeon in Sweden – a country which at that time was a leader of scientific Orthopaedic research in the world – many high quality PhD theses were delivered by Swedish orthopaedic surgeons every year. Sports Medicine was then in its infancy and Per's Orthopaedic colleagues were not supportive of his ambition to improve Sports Medicine and Sports Medicine research in Sweden. In fact he was to a certain extent ostracized and derided by his orthopaedic colleagues in the early years because Sports Medicine was considered unscientific and the arena for surgeons carrying out private practice and perhaps not being fully committed to their patients! Per fought through these barriers and set up research programmes in Gothenberg which impressed the rest of the world. So much so that he was head hunted and appointed to a full professor in Orthopedics and Sports Medicine at the University of Vermont in Burlington, Vermont, USA at the age of 46. One of his achievements was to author, with Lars Peterson his worldwide bestseller book "Injuries in Sport" which many of us have used as our Sports Medicine bible.



I referred to Per earlier as the Great Grandfather of Sports Medicine Science in Europe. In his middle years he sowed his “wild oats” – or perhaps I should say his “pearls of wisdom” to his large band of researchers carrying out research and PhD theses in Sports Medicine.

The “children” that he fostered in this way have now become the leaders of Sports Medicine across the world and they in their turn have fostered further children and now the third generation is appearing. A wonderful achievement and a great legacy for the future.

In 1998 I invited Per to come to Nottingham as External Examiner for the Doctor of Medicine thesis of your President of the Faculty of Sport & Exercise Medicine, and I was very grateful for the support which Per gave us in assessing Mark’s DM thesis on Shin Splints in 1998 – fortunately he passed.

In 1997 Per returned to Sweden as Professor of Orthopedic Sports Medicine at the Karolinska Institutet and was appointed the Head of Sports Medicine at the Department of Orthopedics at the Karolinska University Hospital, Stockholm, Sweden. I believe this occurred because of the embarrassment caused in Sweden by the potential emigration to the US of the best Sports Medicine Scientist in Europe.

Since January 2007 Prof Renström is Professor Emeritus at the Karolinska Institutet (although he is not really retired).

In 1994 Prof Renström as part of the Vermont research group received the Kappa Delta Award for Outstanding Orthopedic Research by American Academy Orthopedic Surgeons and Orthopedic Research Society. The same group has twice (1993 and 1997) been awarded the Albert Trillat Young Investigators Award, by the International Society of Arthroscopy, Knee Surgery and Orthopedic Sports Medicine. Prof Renström has twice (1996 and 1999) received the O’Donoghue Research Award by the American Academy Orthopedic Sports Medicine; in 2005 he received the SCIF prize for “Outstanding research in Sports Science in Sweden”.

He has many other accolades which are listed in his published citation. But more importantly Per has a lovely personality and, even in retirement he is still working.

President, I would now like to present to you and to our Patron, Your Royal Highness, Professor Per Renström for the award of our Honorary Fellowship.

Address to Diplomates

Professor Per Anders Frans
Hjalmar Renström

Dear Diplomats

First my sincere thanks for the great honor to be awarded Honorary Fellowship of the Faculty of Sport and Exercise Medicine – FSEM.

Congratulations to your great achievements in graduating at the FSEM. It is a wonderful feeling to graduate and thereby be qualified to look for new goals!!! Your road ahead can and hopefully will be very exciting although there is a risk that there may be some bumps on the road. After being active in Sports Medicine for over 40 years I feel comfortable to give some very personal and humble thoughts for you to contemplate.

In my mind there are some basic pillars and cornerstones that are important for being successful in Sports Medicine: Sports, Medicine, Science, Ethics/ Integrity and Family.

1. Sports in Sports Medicine

I believe that you have an advantage if you participate in sports as an integral part of your youth. When I grew up in the 1950’s we had no television, no internet etc. and sports became the most important aspect in life!!!! We played football, ice hockey etc 3-5 hours a day wherever possible. In between we read books. We also watched sports in the arena when we had the opportunity. I saw Manchester United play in Göteborg five months before the team crashed in Munich 1958 and since then they are my favorite team. I saw the debut of the 17 year old Pelé in the Brazilian national team during the world cup 1958. The result of all this was that we really got to know sports from all aspects – we could also speak the locker room language the athlete’s way and this has been very helpful during the years.

It should also be an advantage to live and study in Great Britain. I am sure you all are aware that England is the mother country of many sports!!! Football/soccer was founded here in 1863 and is today played by 250 million people in 200 countries. Tennis, which is my other favorite sport, was played 5-800 years ago. Henry VIII loved it! Today’s tennis was founded in 1873 by Major Walter Wingfield. Other sports with British roots are rugby and badminton.



Message: Knowing sports from the inside gives an advantage when practicing Sports Medicine

2. Medicine

When I was ready to start my anticipated Sports Medicine career sports physiology dominated the field so I was very privileged to start to work with Bengt Saltin and Gunnar Grimby, two of the giants in the field. I started to do some research and had a few publications together with them. One day I played football against the professor of orthopedics and after the match he offered me a position at his department as he knew that orthopedics was my future interest. I met Lars Peterson and we started to cooperate. We organized numerous courses in Sports Medicine and subsequently in arthroscopy during the 1970's. There was a great demand for written information and because of this we wrote a book which later has become a classic according to Professor Wallace. *Injuries in Sport* was first published in 1977, and then in 1985, 2000 and hopefully also in 2012.

As I am an orthopedic surgeon it gives me pleasure to tell you about the origin of my university Karolinska Institutet. Sweden had been successful in its wars especially during the 17th century as we had good soldiers called Karoliner soldiers after the kings Karl XI and Karl XII. In 1810 the Swedish king Karl XIII founded a university for army surgeons and gave it the name Karolinska Institutet. 1895 gave Alfred Nobel the Karolinska the power to select the winner of the Nobel Prize which since then is a yearly tradition. The first Nobel Prize in Medicine was given to Konrad Röntgen because of his development of the x-ray technology.

Message: Sports Medicine today must be evidence based and of highest quality. To assure this a modern physician must have some basic education in science.

3. Science

When I started in orthopedics I was within two weeks asked to do a PhD thesis on amputations. I accepted this as a challenge but I asked if I could do it in Sports Medicine. No was the answer and the reason was that there was no one in the country knowledgeable enough to supervise a PhD in Sports Medicine at the time. It is interesting to note that with time my respect for the amputees increased and I started to regard the amputees "as the true athletes" because they had not only lost a leg but they had to go through a very tough rehabilitation both physically and psychologically to get back to a walking capacity. This group of patient really had a great challenge and they subsequently got my respect.

Also concerning science you in England have great traditions. With all due respect for Archimedes, Copernicus and Galileo, who all did landmark scientific work my choice of the top three scientists would be: Newton, Darwin and Einstein (1879, of whom two were English.

Sir Isaac Newton compiled in his work the three laws of motion -- *Philosophiæ Naturalis Principia Mathematica*, in 1687. He was a symbol of science! Charles Darwin worked on his PhD thesis for 25 years until he brainstormed and published his book *On the Origin of Species* in 1859. All species of life have descended over time from common ancestry, i.e. a natural selection. Darwin took a daily walk almost every day in the morning to think clear and nowadays I try to do the same. To count the number of laps he gathered a pile of stones and kicked one to the side for every lap so he could control the number of laps. Great recent British scientists are Sir Godfrey Hounsfield, who developed the diagnostic technique of X-ray computed tomography (CT) and Sir John Charnley, who pioneered the hip replacement surgery and was well ahead of his time. Why does science matter so much to a physician?

Message: Taking part in science requires an organized mind including asking the correct questions and critically analyze test results etc. Science creates a critical mind.

4. Integrity and ethics

Integrity is in ethics regarded as honesty and truthfulness. In Sports Medicine you must act according to medical ethical principles and evidence based medicine!! You should form your personal philosophy and treat the athletes accordingly. Your task is to protect the athlete. If needed you must always stand up to the coach and act after your own principles. You are the medical expert – not the coach!!

Message: If you do not act with integrity and protect the injured athlete you should not be active in Sports Medicine!

5. Family.

Key for success starts at home!!! It is fundamental to have genuine support at home. During the many years I was a team doctor my wife asked me to bring our kids with me to most of the matches and they never forget this. They had reserved seats behind the team's bench.

If it became apparent that any of my students and colleagues did not feel well during our work I sent them home and said: "Come back when your home situation is good."

Message: The best work is done by persons who feel good and have an inner harmony. This is to a large extent generated from a fine and decent home situation.

Steve Jobs, Apple said 2005:

"The only way to do a grand job - is to love what you do".

We are very fortunate. We - Sports Medicine physicians really love what we do! We go to our work with a smile on our lips.

Good luck and may you all be successful in your endeavors. Take care of your potential and have a wonderful future!

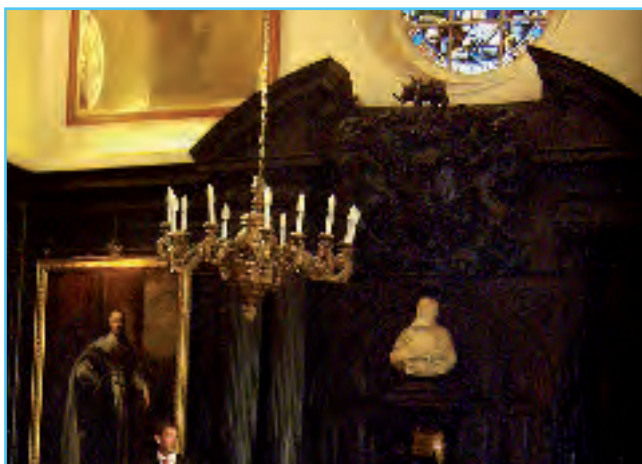
After Dinner Speech Dr JR Jenner

Mr President, Master, Honoured Guests, Ladies and Gentleman welcome to the Faculty's Annual Dinner in the Apothecaries Hall.

As the representative of the Society of Apothecaries on the Faculty's Council, our President has kindly asked me to give the after dinner speech. My instructions are to keep it brief and any jokes must not be sexist, racist or likely to offend. I am afraid I know no jokes that fulfil these stringent criteria, so I am afraid 'NO JOKES'

I thought those of you who are new to the Hall might like a few words of introduction. The Hall we are sitting in is the oldest surviving City Livery Hall. The original was burnt down in the Great Fire of London in 1666 and rebuilding started in 1668 and completed in 1672, much as you see it now.

Time does not permit a detailed account of the decorations in the hall but some of my favourite items on display are the flags, which you can see above the paintings. These were carried on the Apothecaries Barge when it was rowed up the Thames to the Chelsea Physic Garden in 1805 carrying Nelson's body after the battle of Trafalgar, preserved in a barrel of rum!



Behind where the President is sitting is a bust of Gideon de Laune who was Apothecary to Anne of Denmark who was James 1st's wife. De Laune was a wealthy and influential apothecary in his time and very influential in the society of Apothecaries foundation. Above De Laune on the top of the coat of arms is a rhinoceros the society's emblem. Popular myth has it that the Apothecaries adopted it as the horn was ground up and used as an aphrodisiac. The clerk tells me that the truth is more complicated than this and much less exciting.

There are many things that the Society of Apothecaries and the Faculty of sport and exercise medicine have in common –

Scottish and English connections

The Apothecaries like The Faculty have strong English and Scottish connections. It was James I of England, who the history scholars amongst you will remember was also James VI of Scotland. He granted the Apothecaries their independence from the Grocers Company in 1617. After several applications by the aforementioned De Laune and one wonders what influence his wife, Anne, had on the decision. James I is quoted as saying that 'Grocers are but merchants. The business of the Apothecary is a Mystery wherefore I think it is fitting that they be a corporation of themselves'. I am sure there are those amongst us who still find pharmacology a bit of a mystery! But the term mystery in this context refers to 'a collection of masters in the same craft entrusted with its powers for its regulation'.

Responsibility for regulation and governance

As a result of this Royal charter the Apothecaries assumed responsibility for not only ensuring that the quality of drugs sold met agreed standards but also for the qualifications of its vendors. These vendors of drugs would eventually develop into the role of the general practitioner as we know them today. This charter also upset our parent college the College of physicians of London, who until then had had a monopoly for licensing medical practitioners and this started a rivalry, which has continued to modern days.

This function is what we now call governance and is still as relevant in the year 2011 as it was in 1617. Those of you who read last week's Sunday Times will appreciate how much sport and exercise medicine is in the public spotlight. Owen Hargreaves, who has already been mentioned today, who until last week had only played in 39 games in 4 seasons at a cost of 19 million pounds to Manchester United (0.5 million per game!) has now moved to Manchester City and had a whole page of the sports section of the paper was devoted to analysis of the treatment he had received at the hands of an American knee surgeon. I don't think any other area of medicine is subjected to such detailed public analysis. It is to the credit of the Faculty and particularly to the work of our Cardiff based Prof John Fairclough that one of the earliest publications produced by the Faculty last year was of the Professional Code which lays out clear guidelines for ethical conduct for doctors practicing in the field of sport and exercise medicine. Prof Van Renstrom made the point in his excellent speech this afternoon about the importance of honesty when dealing with both players and managers and I thank him for making this point so very eloquently.

So like the Society of Apothecaries, the Faculty has taken on the responsibility for the Governance of SEM in the UK as have the Irish Faculty in the Republic of Ireland with whom we have close connection and I am very pleased to see Philip Carolan the President of the Irish faculty here tonight. The Irish faculty was created before our own Faculty and the close cooperation which we have enjoyed has been of great value to us.

Incidentally there is a rumour that John Fairclough has recently appeared on one of these TV quiz shows he was apparently about to win a large sum of money when he was asked "What 3 man-made objects can be seen from space?" he replied 'The Great Wall of China, the Pyramids' and after a pause... 'The gap in the Australian back line'. The Apothecaries introduced a diploma in SEM in late 1980's with the first examination being sat in June 1989. The Scottish diploma was also developed in the latter part of the 1980's and the first exam was I believe held in 1990. In the 1990's there was considerable rivalry between the Scottish and English diploma. However these were not the first diplomas in SEM as the London Hospital had been running a diploma course since 1981 when one diploma was awarded. Dr Tom Crisp who is with us tonight received his award 1986 and is I believe the oldest/ longest holder of a SEM diploma in the room.

He was also the second to be placed on the specialist register in SEM, Stuart Miller from Bath being the first. The stimulus for this flurry of diplomas appears to have been the 1986 Commonwealth games held in Edinburgh when the lack of quality specialist sports physicians became very evident as well as the emergence of specialist sports injury clinics such as at those started in 1979 at the London Hospital under Mick Molloy and at Addenbrookes Hospital Cambridge under Sylvia Lachmann. The Diplomas of the Scottish Colleges and the Apothecaries were eventually amalgamated after the formation of the Intercollegiate Board of Sport and Exercise medicine IABSEM thanks to considerable diplomacy by Donald Macleod, the first chairman of IABSEM and the first joint examination held in 1999. The diploma has continued to change. I would like to acknowledge the help of my predecessors Carrie MacEwen and Tom Beattie for all their work in developing the diploma in line with modern standards. I would also like to thank Andrew Wallington-Smith, the Clerk of the Apothecaries for his help in introducing a system of marking for the OSCEs called 'borderline regression' which is in now line with GMC requirements.

The diplomats and running the diploma

At this point I must congratulate our new diplomats. The Diploma is a demanding examination requiring a wide knowledge base and diplomats old and new can be justifiably proud of their achievement. Our 2 winners of the Donald Macleod medal, Joanne Larkin and William Eardley can be very proud of their achievement, as their marks were outstanding across the board. I would also like to acknowledge the considerable support we have had over the last few years from the Apothecaries for running the part 1 and part 2 examinations in London. The staff has a lot of expertise in organising OSCEs and for several years we were able to use the Hall free of charge. Not that everything has always been totally without incident at a recent diet of the part 2 one of the candidates required a comfort break in the middle of the OSCEs and I directed him to the facilities on the 1st landing. He was gone a longish time and I then see him appearing down the stairs from the private area on the top floor. 'Where have you been' I asked. 'Oh' came the reply, 'I found a nice little flat with toilet on the top floor.' 'That's the Masters flat' I say in horror. 'Don't worry Dr Jenner' he says 'I lifted the seat'. So thank you Master for the loan of your toilet.

LE JOG

LAND'S END TO JOHN O'GROATS BY BIKE

Tuesday, 30th August to
Saturday, 10th September.



Day 1. Land's End to Liskeard. 76.57 miles.
Day 2. Liskeard to Tiverton. 68.22 miles.
Day 3. Tiverton to Tintern. 95.70 miles.
Day 4. Tintern to Shrewsbury. 92.93 miles.
Day 5. Shrewsbury to Preston. 94.07 miles.
Day 6. Preston to Carlisle. 92.48 miles.
Day 7 Carlisle to Kilmarnock. 97.34 miles.
Day 8. Kilmarnock to Inveraray, via the Gourock to Dunoon ferry, 82.72 miles.
Day 9. Inveraray to Invergarry. 95.48 miles.
Day 10. Invergarry to Bonar Bridge. 85.87 miles.
Day 11. Bonar Bridge to Thurso. 82.30 miles.
Day 12. Thurso to John O'Groats. 20.68 miles.

TOTAL DISTANCE – 984.6 MILES.

TOTAL CLIMB – 30,200 FEET.

11.5 DAYS CYCLING.

MAXIMUM SPEED – 41.7 MPH.

Having turned 70 earlier this year and being "time rich" following completing my term of office as President of Selkirk RFC in July, I decided now would be a good time to undertake a lifetimes ambition of cycling from Land's End to John O'Groats. I finally made the commitment when noticed an advert by Discover Adventure promoting the trip. I had previously cycled from London to Paris with that company providing support when I was 65 and had been very impressed by them.

Preparing for the trip was not easy, mainly because of the state of the roads in the Ettrick Valley restricting the bike I could use for training. I also had two set backs with an injury to my ribs and a subsequent back strain. Fortunately the last three weeks went well, during which time I was using the Specialised Sequoia road bike with spd pedals I had borrowed for the trip. I was comfortable doing four hours a day on the roads, five days a week.

During August I was encouraged by my family to raise funds for the medical charity Merlin - Medical Relief International providing basic health care in areas of crisis. A Just Giving website was established and lots of family and friends told about my plans.

Land's End is not an inspiring complex. I was, however, awe struck by my fellow cyclists as we gathered at Land's End on the first morning. Serious, lightweight bikes came out of suitcases and were built on the spot in a few minutes. They all looked so much more clued up and, with one exception, so much younger than me.

The trip consisted of 37 cyclists, nine of whom were girls and one man on a trike, two mechanics, a team leader and two vans. The vans transported our luggage, carried food for our breaks in the day and basic repair facilities for the bikes.

The pattern for each day was standard. We were given an outline of the route each evening. Slower cyclists set off about 8.00am in the morning. Small group of cyclists tended to keep together and support each other. There was three rest periods each day with a waterbreak / snacks mid-morning, a picnic lunch and a short waterbreak / snacks in the afternoon. Everyone got together for the evening meal and the next day's briefing. Food became very important, to ensure we had enough calories on board to get through the day. A good breakfast, lots of high calorie grazing at the breaks followed by a three course evening meal. The accommodation arranged by Discover Adventure was used to ravenous cyclists wolfing down large meals. Taking lots of fluids was also important, especially on the first few days which were hot and sunny. I didn't take any supplements or energy gels.

Psychologically it was crucial to break up the day into manageable sections rather than think about cycling 90 plus miles, especially when the weather forecast was poor.

Day 1 went well, and I was able to hold my own with the slower cyclists.

Day 2, across Dartmoor, was the first serious challenge with steep hill after steep hill, interspersed with flat out descents. Fortunately it was a sunny day with little or no wind. I walked up short stretches of a couple of the hills when my cycling speed dropped to 3.8 mph. Interestingly, I frequently reached the top of the hill at the same time as people who cycled all the way and I was often less exhausted.

Day 3 went well, apart from getting lost going round Avonmouth, before crossing the Severn Bridge into Wales at Chepstow and cycling along the Wye valley to Tintern. By now my thighs were aching and my bum was becoming increasingly tender. Fortunately I had brought an extra padded seat for my saddle and this eased the problem for the rest of the trip.

Day 4 was straightforward but I was still anxious that I might not complete the trip in spite of people telling me - if you get through the first three days you will make it to John O'Groats. My room-mate kept encouraging me to sit up to the waist in a cold bath at the end of each day to ease my legs and freshen them for the next day. It wasn't as bad as it sounded.

Day 5 was tough To start with, porridge in Shrewsbury is made with sugar and cinnamon – not to be recommended. Leaving Shrewsbury was also a challenge because of road closures. My cycling companion had a major problem when rear wheel spoke broke and damaged the cassette for his gears. We phoned for help and after 45 minutes or so standing in a cold wind the van plus mechanic appeared and very skilfully fixed the problem.

The next "adventure" was getting through the traffic in Warrington and Wigan – terrifying. Finally we were thoroughly soaked over the last 30 miles in driving rain. I was so cold I went into a hot shower still wearing all my basic cycling clothes. They were dry by the morning.

Day 6 was a straightforward day, although it took me a long time to get my legs going in the morning. My son-in-law had joined me for the day and he loved the trip, getting a nice sun tan along the way. The hill at Shap is long and steep – again I walked a couple of short sections, easing my legs and bum.

Day 7 was a long day at 97.34 miles, with sunshine and showers. The highlight was at the lunch break in a barn on a farm near Sanquhar, where my wife and a neighbour from the Ettrick Valley joined us for half an hour, delivering a very popular chocolate cake.

Day 8 started well, as I met up with my older daughter in Kilmarnock railway station at 8.15am and set of in pursuit of the rest of the cyclists, catching them up in Largs. The fabulous views of the Firth of Clyde and Arran were lost in the clouds and heavy rain had started by the morning break in Largs. The weather got steadily worse for the rest of the day, with strengthening winds and driving rain. The ferry from Gourock to Dunoon was very choppy. One girl was blown off her bike on a downhill section close to Inveraray, breaking her helmet and badly grazing her face, hands, knees and thigh. Others also came off their bikes but she was the worst and was given a lift into Inveraray. In spite of the fright she got and her injuries, she went on and completed the trip. All told, it was a tough day for everyone.

Day 9 was another long, hard day with low clouds and intermittently awful weather spoiling the views. Cycling across the Connel and Ballahuilish Bridges was scary because of the cross winds and traffic. It was very tiring for everyone. Our overnight accommodation was the Youth Hostel just before Invergarry. The drying room was already completely full of soaking wet kit by the time I arrived. Newspaper stuffed inside shoes and gloves plus squeezing clothes in extra towels worked reasonably well.

My son popped in that evening from Inverness for a brief visit, to keep me encouraged!

Day 10 started wet but cleared up after an hour or so, ensuring great views of Loch Ness and the mountains to the west after we climbed the last serious hill on the trip just outside Drumnadrochit. After lunch at Beauly, we enjoyed views of the Cromarty and Dornoch Firths before dropping down to Bonar Bridge. We stayed in a magnificent old highland lodge and watched the sunset over the mountains.

Day 11 was day I had been looking forward to, crossing the Sutherland peatlands, visiting the Crask Inn and going along Strathnavar. Amazing country. It turned out to be my toughest day because of increasing pain in my right kneecap making pedalling very sore and slow as well as a rear tyre puncture after 59 miles in the middle of nowhere, on an exposed moor in the driving rain. Fortunately three fellow cyclists arrived and helped me deal with the problem. By now I was very cold and couldn't get going properly. My cycling companion, who I had sent on at his own speed before I got the puncture waited at the afternoon stop till I arrived and he kept me company for the last 15 miles.

Day 12 started in the pouring rain with gale force winds and continued that way. I took the easy option and just cycled to the inn where we were all meeting up before the last mile into John O'Groats. The rest of the party did an extra ten miles to Dunnet Head, the most northerly point on the mainland. Nobody did the extra 4 miles to Duncansby Head, at the north-east corner.

John O'Groats is not the most inspiring place in the best of weather. It's totally miserable on a wet day but everyone was on a high, having completed the journey. We were all desperate to get into dry clothes and crammed into the well maintained public toilets at 20 pence a head to change. The café made us very welcome as we thawed with hot drinks. We all then piled onto a bus for the journey back to Inverness, where I was picked up by my son on his way home from work. The rest of the group went out for dinner in Inverness and then headed home on Sunday – all 39 going back to England.

Comments

The organisation was very good with the occasional exception of directions on the daily route chart being difficult to follow.

The Assos top of the range cycling shorts were a great comfort but even then I was very glad I had an additional gel saddle cover to ease my tender bum. My helmet cover was excellent on wet days. My waterproof trousers worked well, with goretex socks, but the overshoes crushed my feet and were too sore to wear. The lightweight waterproof jacket wasn't good enough for serious rain and the waterproof gloves leaked like sieves through the seams. My two merino wool tops were excellent; they kept me warm and dried overnight.

The little camelbak rucksack and platypus water bag worked really well for carrying bits and pieces of clothing, spare food and bike repair kit.

I was delighted with the spd pedals and shoes with recessed clips, allowing me to walk when necessary. Unfortunately I think they eventually caused my knee problem as I couldn't adjust the saddle height to allow re-alignment of the shoe and clip to the pedal – the saddle was fixed and couldn't be shifted.

My cycling companions were a widely varied cross-section of English society – the only other Scot on the trip lived in Milton Keynes. The youngest would be a girl of about 22 and the oldest a man of 74 doing the trip for the second time, accompanied by his son. There were people "between jobs" and high flying financiers from "the city" – a Professor of Child Health and a first year medical resident. My main cycling companion had a joinery business in Wolverhampton and the person I mainly roomed with organised maintenance on private housing estates in London. Everyone got on well together, involving people like me doing the trip on their own.

The majority of the cyclists focussed each day on the miles to be covered. On several days we had to concentrate on avoiding traffic, cycling on dual carriageways and "A" roads. Only a small number enjoyed the scenery and history of where we were passing each day.

I'm delighted that I successfully completed the challenge. My main emotion on reaching John O'Groats was relief rather than elation. The aching thighs and tender bum settled in a few days. The kneecap niggled on for at least ten days, as did an overall weariness.

Finally, thanks to the generosity of family and friends, I have raised over £1600 for Merlin.



Donald Macleod. 22nd September, 2011.

List of FSEM Committees - May 2011

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Dr Brian Walker

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- Undergraduate representatives x 2
- Dr Wilby Williamson - Trainee representative
- Prof Nicola Maffulli – n.maffulli@qmul.ac.uk
- Dr Simon Till – s.h.till@sheffield.ac.uk

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Dr James Hopkinson

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Mr James Foster	Hon. Treasurer	2010	2014
Dr Michael Allen		Elected 2008	2012
Dr Philip Batty		Elected 2010	2014
Dr Philip Carolan		FSEM Ireland	2012
Dr Charlotte Cowie	Chair Nominations Committee	Elected 2011	2015
Dr Tom Crisp		Elected 2009	2013
Prof Michael Cullen	Chair, SAC	Elected 2008	2012
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Dr Andy Wakeman		Faculty of Public Health	2013
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Dr Nick Webborn		Elected 2009	2013
Dr Wilby Williamson	Trainee Representative	Elected 2011	2014



Picture taken at Society of Apothecaries September 2011

From the back left to right

Dr Wilby Williamson, Dr Roger Hawkes, Col. John Etherington (Vice President)

Dr John Jenner, Prof W Angus Wallace, Dr Michael England, Dr James House, Dr Philip Batty

Dr Philip Carolan, Prof W Stewart Hillis

Dr Thomas Crisp, Dr Victor Cassar-Pullicino (Honorary Secretary), Prof David Patterson, Mr James Foster (Treasurer)

Dr Richard Budgett, Dr Julian Redhead, Mrs Yvonne Gilbert, Prof John Fairclough, Prof Nicola Maffulli, Dr Charlotte Cowie

Dr Paul Jackson, Dr Simon Kemp, Prof Mark Batt (President), HRH The Princess Royal, Dr Roderick Jaques (President Elect), Dr Anthony (Nick) Webborn.



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