Faculty of Sport and Exercise Medicine

Newsletter 2015

Raising Standards in Sport and Exercise Medicine

Faculty of Sport and Exercise Medicine Council at the Royal College of Surgeons of Edinburgh 2014

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Newsletter **2015**

EDITOR'S LETTER

Dr Simon Kemp

Welcome to the 2015 edition of the Faculty of Sport and Exercise Medicine Newsletter for our Fellows and Members. This is a bumper edition including insights into the work of the Faculty and its achievements over the year, which would not have been possible without the hard work and dedication of our Council members and office team.

Feedback from some of our members uncovered the need for the Faculty to be more transparent in its everyday workings and in answer to this you will see from our detailed Committee and Working Party Reports and our strategic achievements on pages 9 and 17 what Faculty priorities have been over the year, including the progress the Faculty is making on some key areas for the future of the specialty. Workforce planning and influencing those organisations which can provide future posts for our trainees has been one of our top priorities as well as a review of both the Diploma Exam and the Undergraduate Curriculum in relation to Sport and Exercise Medicine and the future shape of healthcare in the UK.

I am delighted to see that our Lay team has enjoyed their first year on Council, you can see their individual updates on pages 14 and 15. Thanks to all of our guest authors, who have made this edition come to life with their personal accounts and experiences, which show the depth and breadth of the specialty: from treating professional ballet dancers on pointe to the challenges faced in tackling physical inactivity in the UK.

If you have any feedback on this edition please contact Beth Cameron our Communications and PR Officer who starts planning each edition in the spring.

I'd like to thank our Members and Fellows for their continued support of the Faculty, I hope you all enjoy reading our 2015 edition.

Best Wishes

Simon Kemp, Honorary Secretary Faculty of Sport and Exercise Medicine

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PRESIDENT'S REPORT

Dr Roderick Jaques

I am pleased to say that the Faculty has made significant inroads into its strategic plan, which was agreed by the Executive Council in 2013. Over the past year we have also added new challenges as our strategic direction has evolved. Some of our achievements and new initiatives are outlined in this report and I'd like to take the opportunity to thank all of our Members & Fellows for their continued support for the Faculty as it grows and develops the specialty of Sport and Exercise Medicine in the UK. Without our Council Members and those involved in our Working Parties and Groups, we would not have been able to achieve such progress over 2014:

Council Update

We now have 33 members of Council representing 573 Members and Fellows, not including Affiliate Members. Changes to Council in 2014 include the appointment of a new Vice President Dr Phillip Batty and three new elected members of Council Dr Thamindu Wedatilake, Dr Nigel Jones and Dr Michael Dunlop as our new Trainee representative.

Dr Christine Haseler is our new representative on Council for the RCGP and Professor Sheona McLeod continues on Council as our Lead Dean for SEM. Nigel Jones has taken over the Faculty Education Committee, Nigel stands astride the BASEM and Faculty Education roles now which will help programme coordination immensely.

Stepping down are Dr James House RCGP, Dr Paul Jackson, Chair of our Appraisal and Revalidation Committee, Dr Simon Till Chair of our Undergraduate SEM Committee and Willby Williamson our outgoing Trainee representative. Sadly we lost our chair of the Education Committee at the end of 2014, Professor Stewart Hillis will be remembered for his passion and dedication to SEM and the Faculty. I would like to thank all of our departing members of Council for their work and support during their term of office. Some of you may be aware that my term of office ends in late 2015 and the Faculty will be holding a Presidential Election.

FSEM Executive Council Congratulate our newest Honorary Fellow Professor Charles Galasko from left: Dr John Etherington, Dr Roderick Jaques, Dr Phil Batty, Professor Charles Galasko, Dr Simon Kemp, Mr Jim Foster, Professor Mark Batt

Thanks also to our office colleagues Rita, Siobhan and Beth who keep the wheels turning. Rita will be leaving the Faculty to take up new challenges this year. We are sad to see a member of the team go and wish Rita every success for the future. At the helm of the office, with indefatigable energy is Yvonne Gilbert. Jim Foster has kindly agreed to stand another term as Treasurer of the Faculty, his knowledge of inter College procedure is invaluable to the Faculty.

Our Lay Advisers, who sit on Council, have now been over a year in the job. The lay team keep in touch regularly with the Faculty and in many ways have been our eyes and ears on the ground, bringing their professional and personal perspectives to the current issues the specialty faces. If you have had a chance to read the Faculty blog you will be able to see how passionate and committed the team are to making physical activity top of the agenda when it comes to public health. Thank you Elaine, Jason, Stephen and Tricia for all of your input, meeting attendances, blogging and tweeting in support of Faculty work.

Closer Alignment with BASEM

Those of you who managed to attend our joint BASEM and FSEM Conference Walk 500 Miles in October last year, will have experienced the result of our pooled conference expertise, I am pleased to say this is a model we would like to take forward this year with another joint conference planned in Wales in October 2015. The two organisations have so much in common, not least a significant overlap of our membership. Our roles within the speciality are distinct, but like many medical specialities' Colleges and Associations we share a common purpose.

NHS Commissioning Work

As part of our strategic plan, we made a commitment to increase the Faculty's relevance to public health and the NHS. We have promoted the benefits of Sport and Exercise Medicine (SEM) services to the NHS via the second in a series of 'Fresh Approach' publications, 'A Fresh Approach in practice'. We formed an SEM in the NHS Working Party and, with the help and dedication of Dr Graeme Wilkes, Chair of the Working Party, the Faculty has produced a report making the case for SEM in relation to the new NHS Commissioning Structure. The Faculty has sent a copy of A Fresh Approach in Practice to the 211 CCG offices in England, the NHS Boards in Scotland and Wales and the Health and Social Care Trusts in Northern Ireland. The brochure has also appeared in NHS England's CCG Bulletin and other targeted websites in order to get our message across to Commissioners.

As a result of our discussions at Council about what we do next to influence the NHS landscape, we held a Physical Activity Medicine Strategy Meeting. We discussed the need to make an impact on the rationale for SEM doctors providing Physical Activity Medicine Services to the NHS. The outcomes from this meeting will be a series of short documents drawing on our Consultants' existing physical activity models to inform CCGs and NHS Boards of the benefits of Physical Activity Medicine. There is work to be done on providing return on investment data for this area of SEM and lobbying that Physical Activity Medicine is a great answer to the nation's current burden of medical morbidities. Within this, the Faculty is also looking at a review of the SEM Curriculum with regard to Physical Activity Medicine.

Undergraduates

Introducing SEM education into the undergraduate programme has been challenging. The curriculum is compact and 'new' topics like ours have to justify our inclusion. Our Undergraduate Curriculum Working Party has been looking at ways of influencing Deans to adopt a minimum of four hours of SEM teaching in UK undergraduate curriculum, there have been exemplars of this work, but the going has been tough. We have also sponsored the production of a Medical Student Exercise Prescription Booklet which, I am pleased to say, was produced in e-booklet form in time to support the Faculty sponsored USEMS content at our Annual Conference. You can find the e-booklet on our website with thanks to the editors Dr Patrick O'Halloran and Dr Gurjit Bhogal. At the last count there were 13 undergraduate societies in SEM.

Workforce Planning

There are currently 94 SEM Doctors on the GMC Specialist Register and around 38 SEM Trainees. The Faculty continues to work hard in order to secure the future of SEM and our trainee places. We have had to justify to NHS Workforce Planning the continued training of doctors in SEM, despite being a young speciality without a large footprint in the NHS, unlike other more established specialities. The Faculty attended a meeting at Health Education England, putting forward the specialty and the case for maintaining SEM training numbers amongst the other 63 specialties under review. Initial feedback gave us cautious cause for optimism, however there is still much work to be done to influence this process.

The Faculty has also held initial discussions with Nuffield Health and Wellbeing about a proposal to help create new SEM posts, training and research opportunities within their organisation. An exciting opportunity in this third sector. We hope that our proposal will bear fruit with what is one of the largest private health organisations in the UK.

RCA and RCSEd Exercise and Fitness Initiatives

The Faculty has been working with both the Royal College of Anaesthetists (RCA) and the Royal College of Surgeons of Edinburgh (RCSEd) on their initiatives on physical activity and cardio-pulmonary fitness. The RCA is acutely aware of the aging demographic of patients appearing for pre-operative assessments and they are looking for assistance and advice on how to positively influence cardio-pulmonary fitness and have welcomed Faculty representation on their Working Party.

I am pleased to say that the RCSEd launched its pre and post-surgery exercise campaign at our Conference session in October 'Exercise the way Forward' with a presentation by Jon Dearing, one of our RCSEd members on Council. The campaign is gaining momentum to engage and inform both patients and surgeons of the benefits of exercise.

Current Work and Achievements

Creating and publishing Faculty Position Statements as part of our strategic Raising Standards Principle was something else we set about with gusto at the end of last year. I am pleased to say, since October 2013 we have published nine position statements, including six clinical based statements, giving the Faculty more of a public facing voice on relevant topics and points of clinical importance in SEM.

Some of you may have viewed the Ultrasound Guidelines on our website, now accessible from the homepage, completed by our MSK Ultrasound Working Party, with thanks to Roger Hawkes and Phil Batty. I am pleased to say we now have a document of practical clinical governance importance which reflects this part of our daily practice. I hope it will be adopted widely in appraisals and ultrasound course content.

Tackling the big issues in the medical landscape, which effect a much wider community, is something that the Faculty is starting to do. Something that will benefit, not only the future development of SEM but, the wider medical community and its patients. In June the Faculty hosted a meeting to discuss the prevention, assessment and management of concussion at BMA House, inviting many of the relevant Medical Royal Colleges and National Governing Bodies of Sport to discuss concussion, not only those participating in elite sport, but in schools, communities and work places. I am pleased to say that, at the meeting, a broad consensus was established between all the participants on the key issues to be tackled in this medically complex and sometimes uncertain area. Our work here also gives our speciality a great opportunity to be centre stage amongst our older colleges.

The Demands of Acute Medicine

We have been looking at how the specialty can best contribute to the in-patient care of acutely ill medical patients. Simon Till, in his role as Chair of our Specialty Advisory Committee, has written a report outlining how our trainees could contribute to the acute care pathways, especially the rehabilitation of patients recovering from medical or surgical illness. The politics on the future of speciality medical training are very fluid at this moment, but we do need to offer hospital colleagues solutions to their problems, with our specialist trainees, possibly contributing to the acute medical take and emergency department workload.

National Centre for Sport and Exercise Medicine

The Faculty is pleased to see the further development of a National Centre for Sport and Exercise Medicine in the UK this year. I met with Dan Poulter the Under Secretary of state for Health in March at the University College London (UCL) site to put across the role of SEM in the wider public health sphere. The Institute of Sport and Exercise Health at UCL has made a number of significant SEM pushes, including an initiative in the London Borough of Camden in physical activity.

Sheffield, another of the three partners, is bringing together clinical services, sport and exercise specialists and health professionals to use physical activity to treat a range of chronic health conditions with the aim of making Sheffield one of the most physical active cities in the UK. The East Midlands consortium will open their new centre on the Loughborough University site in 2015, providing both MSK and PA services. There will be a focus on developing and piloting exercise medicine services and trying to meet the challenges of developing commissionable community-wide physical activity based clinical services for prevention and treatment of non-communicable diseases. One wish I have, is to see the three sites collaborating closer in their initiatives and making the whole, effectively greater, than the sum of their individual parts.

Format of Exam

The FSEM Diploma exam format is likely to change. The Examination Committee under the Chairmanship of Jumbo Jenner has made some preliminary enquiries about developing a Specialty Certificate Exam (SCE). The Faculty may not go down this route immediately, but there are significant advantages to changing the format of our Part 1 in line with an SCE, as we could make the exam available internationally. We are also considering having one diet of both parts of the exam per year, as we currently run the exam at a financial loss. The Specialty Advisory Committee and Examination Committee are also looking into how both parts of the exam function for those pursuing specialist accreditation and those seeking a higher qualification in SEM to support their other daily medical practice. I'd also like to thank Jane Dunbar the Vice Chair of our Examinations Committee, the volunteer examiners and all the question writers, the examination bank of questions is hard work to write and standard set.

Future Challenges and Opportunities

The Faculty will continue to tackle some of the big issues affecting the public health agenda and our concussion meeting and the outcomes from it are a start. The current media and public focus on obesity and not physical activity is something that we, as a Faculty and an Association, can also begin to influence. The question then is how we influence politicians and medical professionals to redress the focus.

We also need clinical research in the area of Physical Activity Medicine and high quality musculoskeletal research. We are looking to harness financial connections and support for what will add to the evidence for the growth of our specialty in the future.

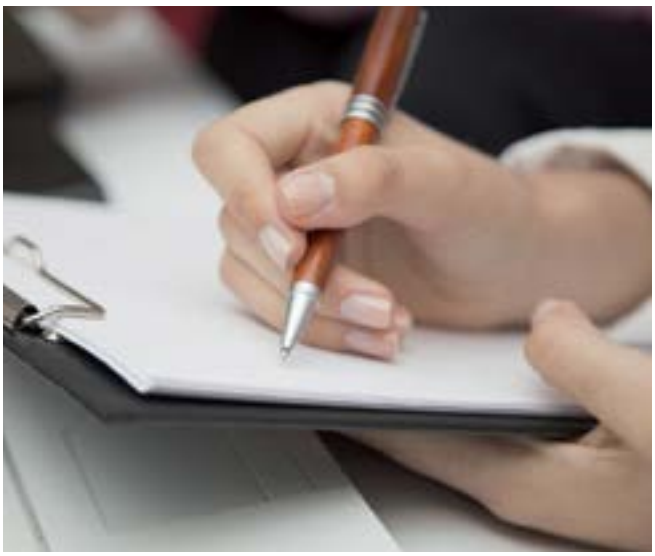
We are now in the post-Olympic and Commonwealth Games 'slump', we know the data would suggest the legacy of these big sporting events don't make a real impact on public health. Therefore, both the Faculty and the Association must put themselves in the eyes of the politicians and government agencies as a resource for sensible physical activity and musculoskeletal decision making policy. As well as meeting politicians, the Faculty regularly responds to government and political party consultations in order to influence the political landscape and we will continue to do this.

How the Faculty and BASEM can deliver Physical Activity Medicine as part of Sport and Exercise Medicine will be the key to the future expansion of the specialty and its main impact on public health. I am pleased to announce that we will have a representative from Public Health England attending our Council meetings in 2015, a welcome step in the right direction and, I hope, an opening for other public health representatives from across the UK.

Position Statements

The FSEM is producing a library of short position statements for the Sport and Exercise Medicine community as well as GPs and Health Professionals.

You can find them at www.fsem.ac.uk/news



VICE PRESIDENT'S REPORT

Dr Phil Batty

During the 2014 Commonwealth Games in Glasgow sport medicine was firmly in the spotlight alongside some real challenges for our members who attended the athletes at the Games. In 2002 the Commonwealth Games were the first fully inclusive international multi-sport games, having included disabled athletes as full members of their national teams and in 2014 Glasgow held the largest number of Para-sport games, 22 in total. The Games in the UK this year not only presented unique challenges for the specialty, it also brought with it opportunities for our Members and Fellows to gain valuable experience and expand the specialty. Although the specialty has had the opportunity to be able to take part in both the Commonwealth Games 2014 and the Olympic Games 2012 on our home turf, the Faculty is looking at how it can secure more permanent future roles for its members in the UK.

As part of this I have had the opportunity to meet with Nuffield Health on several occasions to discuss how we can secure Sport and Exercise Medicine positions in this expanding private health organisation. One of the key elements in our discussions is how to change the model of primary care to be proactive rather than reactive and SEM has many potential applications for this and input into their care pathways. Alongside workforce planning in the public sector, mentioned in the President's update, the Faculty hopes to further the specialty by influencing key organisations which are beginning to look at the potential application of exercise medicine as both a prevention and a treatment.

Forging closer links with public health is also on our strategic agenda and following a fruitful meeting with the Faculty of Public Health we hope to be able to welcome a representative on Council from the FPH this year. I have also been working closely with our Examinations Committee which sets the standards and develops the content of the FSEM Diploma examination in line with curriculum and GMC guidelines. The Faculty Diploma exam has reached a significant stage of maturity with new developments on the table, including a Specialty Certificate Exam (SCE) which will give those doctors with a special interest the chance to gain a recognised qualification in SEM.

As Vice Chair of both the MSK Ultrasound (US) Working Party and the Appraisal and Revalidations Committee, I have seen some excellent work completed in both areas by the Faculty. The use of Ultrasound in SEM is becoming increasingly common and I am pleased to say, with the expertise and input of Dr Roger Hawkes as Chair of the US Working Party we have produced some very detailed guidelines for our Fellows and Members on the use of ultrasound scanning in the practice of Sport and Exercise Medicine.

Sport and Exercise Medicine Annual Conference

Save the date!

The BASEM and FSEM Joint Conference will be held on the 12 and 13 November 2015

Venue: The Mercure Hotel Cardiff

Register your interest to attend, contact

Nicky Birkinshaw at
nicky.birkinshaw@basem.co.uk

Setting standards for SEM appraisals in line with the GMC is something the Faculty has been working hard on over the past year. Thanks to Dr Paul Jackson, our outgoing Chair of the Committee, the Faculty has completed a full review of its appraisal process ensuring that the appraisal pathway and appraiser training is of the highest standards. The Faculty is also looking at SEM 'orphans' who may not have a Responsible Officer (RO) to ensure that they don't slip through the net and are able to get help with, what is a difficult process to complete without sufficient access to a trained RO.

One of the highlights of 2014 for me was taking part in the FSEM careers session at our joint conference with BASEM 'Walk 500 Miles'. The Faculty was delighted that the session resulted in 'standing room only' with the conference attendees there to find out more about the challenges facing SEM doctors in the NHS, elite sport, the private sector and the military. Thanks to all of our members who took time out of busy schedules to attended the conference in Edinburgh and I hope to see as many of you and more at this year's joint conference in Wales.

TREASURER'S REPORT

Mr Jim Foster

The Treasurer presented the audited accounts for the financial year ending 31st December 2013 at the FSEM's Annual General Meeting 2 October 2014; the accounts had previously been circulated to members and fellows. He pointed out that there was a deficit of £24k. This was the first deficit that the Faculty had incurred since its inception. The Treasurer explained that the deficit (that was forecast last year) was the result of:

a. A fall in examination income due to a reduced number of candidates.

b. A number of exceptional meetings of the examinations committee leading to a rise in expenses.

c. The cost of the 2013 meeting and diploma ceremony at RCP London.

d. The employment of a communications officer giving rise to an increase in the salary bill

The Treasurer went on to explain that, although the Faculty had a substantial reserve, the following measures would be taken to reverse the deficit:

a. That the examination fee would be raised by a further 5% over and above the 10% increase last year.

b. Council had agreed that there would be a reduction to one diet of the Part 2 Examination per year from 2015 onwards. There would continue to be two sittings of Part 1.

c. That a number of measures would be taken to reduce administrative expenditure and in particular the cost of the annual meeting (sharing the cost with BASEM).

The Treasurer finally proposed that subscriptions should be raised by 3% in 2015. He pointed out that subscriptions were not raised last year and this measure would help to ensure that the Faculty kept up with inflation. The resolution was agreed.

INTRODUCING OUR NEW COUNCIL MEMBERS

Dr Nigel Jones
Member of the Faculty of Sport and Exercise Medicine

Dr Nigel Jones holds an NHS Honorary Consultant Post in Sport and Exercise Medicine at University Hospital Aintree in Liverpool. He is Training Programme Director for Sport and Exercise Medicine in North West Deanery and is an Honorary Senior Lecturer in SEM at Liverpool University. Nigel has worked in elite sport for over 20 years. Previous employers have included the EIS, Liverpool Football Club and Gloucester Rugby. He is currently working as England Rugby Senior Team Doctor. In addition to his appointment as Chair of the Education Committee for the FSEM – Nigel is also Education Chair for the British Association of Sport and Exercise Medicine (BASEM).

Dr Thamindu Wedatilake
Fellow of the Faculty of Sport and Exercise Medicine

Dr Thamindu Wedatilake is currently working as a Consultant in SEM at the Nuffield Orthopaedic Centre, Oxford. Thamindu also works closely with the NHS Trust to promote SEM as a speciality and ensure our speciality is valued by the Trust. Alongside his NHS work he also works within Elite Sport as a doctor at Southampton FC and the England and Wales Cricket Board. Thamindu is an active member of the FSEM sub-committee involved in driving forward ultrasound training within SEM. Having completed Specialist Registrar training in SEM in 2012, and having seen the difficulties with regards to employment in SEM, Thamindu is well placed to work with the Faculty to address such difficulties future trainees may have.

Dr Michael Dunlop
Associate Member of the Faculty of Sport and Exercise Medicine

Dr Michael Dunlop is Specialist Training year four in SEM at East Midlands and a sessional GP. Michael is also a member of the Northampton Saint RFC Pitchside Medical Team and Chief Medical Officer for Nottinghamshire County Cricket Club. Michael has joined the FSEM working group on undergraduate medical student SEM teaching reform and his skills are well placed to help make physical activity knowledge a must for all medical students. Michael was awarded the UKADIS/BASEM Malcolm Reid Scholarship 2013 for investigation of UK medical Students' knowledge of CMO Physical Activity Guidelines.

COMMITTEE AND WORKING PARTY REPORTS

Education Committee

Committee Chair Dr Nigel Jones

It is impossible not to start this summary without mentioning the untimely death this year of my predecessor in the role: Professor Stewart Hillis. Stewart was a titan of Sports Medicine in the UK and people who knew him a lot better than I did have already paid fulsome tribute to him. All I would say is that whenever I met him – my overriding feeling was..."what a really nice man". If I ever have that as my own epitaph I'll be very happy.

The principal education event of the year was our joint Conference with BASEM in Edinburgh in early October. The Conference was well attended and feedback from delegates was almost universally positive. Particular thanks and congratulations must go to Dr Jane Dunbar whose drive and enthusiasm was pivotal to the Conference's success.

Building on what we've learnt from this year – next year's Conference will also be a joint Faculty/BASEM affair. Dates are confirmed as 12th – 13th of November and venue is Cardiff. Steady progress is already being made with putting the programme together. It is important that Faculty education represents what our Members and Fellows want. Consequently – we are in the process of organising an e-shot to you all which will canvass what subjects you would like to see covered at future education events.

There are more and more organisations putting on SEM Education activities as a means of raising their own profile. The market is only so big and ideally, we don't want to see the same content and speakers repeatedly throughout the year. Please help the Education committee in guiding what you, the membership, want to hear.

I am also putting a working party together to further look at Undergraduate SEM Education. There are some very good individual initiatives and pockets of practice out there. We just need to ensure that at Faculty level we have a really co-ordinated approach. If we do – then I think this year is one in which we can make significant progress.

Exams Committee

Committee Chair Dr Jumbo Jenner

Although the face of the diploma of sport and exercise medicine remains much the same, a great deal has been going on behind the scenes to keep the diploma up to date.

Question writing

Early in the year the revision of the question bank was successfully completed thanks to a lot of hard work from a lot of people too numerous to mention. However Jane Dunbar must be singled out for extra thanks for all her hard work in coordinating this work. In addition new questions have been written at sessions organised in Oxford and Headley court by Wilby Williamson and Tim Swan respectively. An exciting new development is the implementation of Internet question writing 'cell' which is the brainchild of Mike Rossiter. We look forward to reaping the reward of this innovative and cost saving initiative.

Changes in the part 1

Changes are occurring in both parts of the exam. Currently the part 1 is made up of two multiple-choice papers. Paper 1 (two and half hours) comprising 150 single best answers (SBAs) from 4 possibilities and paper 2 (one and half hours) comprising 90 extended matching questions (EMQs). Extended matching questions were popular 5 years ago

but have proven difficult to write and not as discriminatory as initially hoped. It is planned that EMQs will be phased out over the next 1-2 years and will be replaced by a second paper of SBA questions.

Changing to one sitting per year

After much discussion it has been agreed that the diploma should, in future, be held once a year instead of there being two diets of the examination each year.

There are a number of reasons for this change.

i) A single diet of the examination each year will greatly simplify the administration of the diploma and brings us into line with other medical specialist exams.
ii) The numbers taking the exam each year have fallen since a peak three to four years and it no longer makes financial sense to hold the diploma twice per year. This drop in number is a return to the norm after a temporary increase in the numbers taking the diploma, which followed the announcement that sport and exercise medicine was going to become a medical specialty and that the diploma was going to be required for a CCT in SEM.
iii) Borderline regression, which is the preferred method of setting the pass mark for the part 2, works best with larger numbers of candidates.

It is appreciated that trainees will have less opportunity to take the diploma but it is extremely uncommon for trainees in SEM to fail the exam more than once. Other medical specialities such as rheumatology and neurology only hold their specialist exam annually.

Introduction of computerised marking
Computerised marking of the part 1 has been the norm for many years but the marking, collation of the marks and setting the pass mark using borderline regression for the part 2 has been done manually with the help of an excel spread sheet. From November 2014 the part 2 will also be computer marked. This will simplify the processing of marks, eliminating the possibility of human error and most importantly giving us access to the Speedwell data, which analyses the reliability of the questions.

Development of the part I as a Speciality Certificate Examination (SCE)
In recent years the RCP of London has developed a Speciality Specific Certificate examinations (SSCs) in 12 medical specialities. An SSC in a particular speciality is aimed at trainees in a variety of higher medical specialities and is required to progress in training from ST3 to ST4. In addition these exams are popular with trainees in other countries as recognition of a knowledge base in a speciality at the level of a 3rd year SpR. These examinations comprise 2 written papers each containing 100 SBA questions with 5 possibilities in 3 hours and will closely resemble the part 1 of the Dip SEM when the examination has been converted to SBAs. We are currently exploring with the College of Surgeons of Edinburgh the possibility of developing part 1 of the diploma as a SCE in SEM. This would bring the credentialing of our SpRs in line with other medical specialities and raise the possibility of expanding the numbers taking the exam by holding the exam in other centres around the world.

The part 2 would then be tailored more towards medically qualified clinicians with an interest in SEM who wished to have a qualification demonstrating a satisfactory competency in the application of knowledge in SEM. This would make them eligible to become Members of the Faculty of SEM and would hopefully be the gold standard qualification for those working in the fields of SEM who have not got a CCT in SEM. The part 2 would also be open to SpR in SEM wishing to obtain the MFSEM.

New Examiners
Finally we are always looking for new recruits to help with all aspects of the exam including question writing, standard setting as well as examining. Please contact the Faculty office or myself if you are interested in joining us.

Appraisal and Revalidation Committee

Committee Chair Dr Roger Hawkes

I have recently taken over as Chair of the Appraisal and Revalidation Committee following Dr Paul Jackson's excellent work and handover. Here is a roundup of the Committee achievements over 2014:

The Committee completed the process of an external review of the FSEM's SEM appraisal process, carried out by MIAD and most suggestions brought up in the review have been implemented to improve our appraisal process, including the completion of an overview of the appraisal pathway.

We were also looking at appraiser training to ensure this is being done to the highest current standards and have completed key work here until our review in 2015. Our output letters from Appraisers are now consistent and complete and payment for appraisers has been introduced. Part of the improvement process was also to introduce an Appraiser contract which has been drawn up and will be distributed in 2015 and quarterly phone meetings for appraisers is now up and running.

Work in progress for the Committee includes completing formal scoring of each appraisal including annual feedback to the Appraiser and something which has been discussed regularly with our Executive Council – how we can help the process of finding a 'suitable person' for unconnected doctors, of which there are not many. However, it is of vital importance that there are opportunities for all SEM specialists to complete an appraisal.

Members and Fellows Committee

Committee Chair Dr Charlotte Cowie

I'd like to extend the Committee's heartfelt congratulations to all of those awarded Fellowship and Membership of the Faculty in 2014 and we are pleased to welcome both Professor Karim Khan and Professor Charles Galasko as Honorary Fellows of the Faculty.

The Committee has been strengthened by the addition of Dr Jonathan Hanson this year and continues to receive applications for Fellowship and Membership as well as Fellowship and Membership by Election. The new criteria have worked well and as time progresses and the Faculty moves further towards mirroring the processes of the Royal Colleges, the criteria may well change again. Whilst this can sometimes be frustrating for applicants who might well have qualified for a particular designation previously, but who do not as a result of changes, it is an inevitable consequence of trying to move the specialty forward. I would urge those who plan applications to make them at the earliest possible date to ensure that they are adjudged before criteria change again.

We are pleased to see a steady stream of applications for Fellowship from those completing formal specialist training and hope that these numbers will be sustained as time progresses.

I am pleased to report that the number of applications for Fellowship coming from doctors outside the specialty and therefore failing to qualify under current criteria has reduced. I am grateful to those Faculty Fellows who have been vigilant, when asked by colleagues from other specialities to put their names forward, in managing expectations and directing them to suitable categories of affiliation.

Specialist Advisory Committee

Committee Chair Dr Simon Till

After three very enjoyable years my term of office as Chair comes to a close.

We have had an interesting year with mixed emotions. On the positive side we had yet another outstanding round of national recruitment, raising the bar further in terms of the quality of individuals coming in to Sport and Exercise Medicine. Unfortunately as training in England seems to be flourishing we have lost our Northern Irish and Scottish training schemes and will shortly lose the Welsh training scheme, as their remaining trainee completes training.

What's clear is there's no room for complacency and the question of sustained training in England has been called in to question by Health Education England (HEE), as part of their review of training across all specialties. Representatives from Council and the SAC met with HEE in September and argued our case extremely well. HEE concluded that training numbers should remain unchanged. While that was clearly a very positive outcome what remains evident is that as a specialty we have to respond to the changing environment within which we provide healthcare. The outcome of two on-going reviews in particular, the Future Hospital Commission and the Shape of Training Review, will have a significant bearing on that landscape. While there is still uncertainty we believe it is possible to predict some of the likely outcomes. With that in mind members of Faculty and the SAC met on the 3rd October to discuss a vision for the future direction of the specialty and how that might impact on training and our curriculum. Our aim, to provide Sport and Exercise Medicine trainees with the skills required to be ideally placed to meet the current and future needs of changing healthcare priorities. For those of you who are interested I have summarised the outcome of the Curriculum Review Meeting on our website Council/Specialist Advisory Committee page. The SAC will now start work on drafting revisions to the curriculum around the important main themes of musculoskeletal and physical activity medicine, which we believe are essential to our future, while maintaining a broad based training in sports/team medicine. As you'll see from my notes we are also keen to see a greater commitment from elite and professional sport, through funded post training Fellowships, for those doctors who decide their career ambitions lie within professional sport and wish to sub-specialise accordingly.

The future of training is of course intimately linked to workforce planning and the Faculty continues to try and maintain a database of all current consultant/specialist appointments. Most of us work in portfolio roles across the public, private and professional sectors so capturing accurate data is essential. Please can I encourage you to keep Faculty informed of what you are up to - enquiries@fsem.ac.uk

Finally as I complete my last formal duty as Chair, I would like to express my sincere appreciation for the hard work of all my SAC colleagues over the last three years and to applaud the successes of all our trainees. Justin Hughes has now taken over and I have every confidence that the SAC under his leadership will rise to the challenge as we enter what I believe is the next phase in our evolution as a specialty.

Clinical Advisory Committee

Committee Vice Chair Dr Philip Bell

It has been a busy year for the Clinical Advisory Committee. The remit of this committee has expanded to include position statements and NICE consultations, as well as reviewing and making recommendations on responses to external policies and Members and Fellows papers on governance and clinical matters.

The Committee is pleased to report that there has been six clinical based position statements produced for the Faculty. Unlike more traditional SEM position statements, each statement is designed to be a short and concise piece of information for a much wider audience. Each statement includes easy reference points of clinical importance for the Sport and Exercise Medicine community as well as GPs and Health Professionals. The statements are written by guest authors specialising in each subject and they are all published on the Faculty's website. The Committee would like to extend its thanks to all of the position statement authors who have given up their free time to write our position statements over the year.

There has also been a steady stream of NICE consultations arriving in the Faculty office, which the Committee has reviewed for potential Faculty involvement.

The Faculty's Professional Code has been reviewed and re-written and is in the process of being finalised via legal consultation.

The Committee is now busy planning for 2015, which involves drawing up a new list of position statement topics, relevant to the work and strategic direction of the Faculty and taking into consideration the current NHS landscape and immediate public health issues. The specialty has many applications for the enhancement and management of public health and producing position statements, useful to a wide audience, is just one of the ways in which we can influence healthcare in the UK.

The Faculty welcomes contributions for its position statements, please contact Beth Cameron b.cameron@fsem.ac.uk if you are interested in becoming a guest author. Statements include a brief introduction, up to ten bullet points and three seminal references, with an eight week turnaround.

FSEM Position Statements Library

Clinical	Non Clinical (opinion based)
Concussion Management	Exercise Medicine Research Studies
Exercise and Osteoarthritis	The Future of Exercise Medicine in Scotland
Exertional Heat Stroke	Child Centred Physical Education
Exertional Heat Stroke – Supplement for athletes with a disability	
Oral Health in Sport	
Physical Activity in Adolescents	
Find our position statements at www.fsem.ac.uk/news	

Working Party – The Future of SEM in the NHS

Working Party Chair Dr Graeme Wilkes

This is the NHS Working Party's second year and our work and findings remain focused on Exercise Medicine and MSK services. We have also been looking at training and the required skills and experience the SEM Consultant must have in order to contribute to the NHS:

1. SEM needs to re-brand itself to achieve success in playing a major role in successful and cost-effective NHS services in the future.

2. The opportunity for SEM to take a central role in NHS Musculoskeletal care has presented. Commissioners now recognise that a minority of MSK problems presenting require surgery and so do not need to attend hospitals to see surgeons or rheumatologists who have to concentrate on inflammatory conditions due to time/ resource constraints. Most Commissioners however are unaware of the potential availability and value of SEM in this regard as a "Consultant Lead" for their services.

3. The image of SEM existing to service elite sport may be holding the speciality back. Re-branding should look to reduce the image of SEM as serving elite sport as a major component. The message must go out that whilst sport is a part of our role and one which we can excel in, the sport role is a specialist ("tertiary") extension of our key role in musculoskeletal care of every person in the UK and vital role in Exercise Medicine and promoting health through physical activity for all.

4. Exercise Medicine is likely be the key skill needed by the NHS from SEM in the years to come. Currently however significant service/pathway re-design is required to attract investment from the NHS as a whole in exercise programmes led by SEM. The basis for any service re-design is not clear at the current time and a clear evidence-based plan needs to be formulated to be presented to NHS Commissioners. Without this, any proposals are unlikely to receive approval and Exercise Medicine opportunities will not develop.

5. FSEM in partnership with Oxford University has been successful in securing £19,500 funding over 6 months to assess the standing of Exercise Medicine and physical activity schemes and report back on how to move forward.

6. In the absence of clear services and funding for Exercise Medicine, SEM should concentrate on providing key roles in Musculoskeletal Medicine pathways across the NHS. A SEM Consultant should be capable of playing a central role in a multi-disciplinary team linking and liaising with a variety of other health professional groups all offering complementary expertise for the benefit of the NHS patient. SEM must in the short-term maximise its presence in MSK services both in the community and hospitals in the next 2-3 years as CCGs transform their services.

7. There is significant concern that new Consultants with a CCT in SEM may not be fully equipped to fit straight into an "expert" Musculoskeletal Physician role. This may relate to deficiencies in training related to the curriculum and this needs to be reviewed with urgency. Mentoring and further clinical development of individuals' post-CCT may need to be considered and structured. Post CCT fellowships may help address this for some. FSEM should give consideration to a formal support system post CCT with formal mentorship.

8. Doctors entering SEM training must have an expectation they need to work within the NHS, at least initially. This should be seen as to the benefit of the individual in developing and for the public who have funded their training. FSEM should also consider how to influence elite and professional sport to ensure that doctors selected for these roles have been appropriately and fully trained, have sufficient experience and are appropriately supported in these roles.

RCGP PHYSICAL ACTIVITY INITIATIVE

Dr Christine Haseler, our Council representative from the Royal College of GPs, gives an update on her work to propose a new UK wide clinical priority for GPs on Physical Activity.

Physical activity is currently not a focus of primary care consultations despite the widespread knowledge with a robust evidence base that increased physical activity has benefits for all long term medical conditions. As 90% of patient contact happens in primary care and the message about physical activity is central to health and health care, the lack of focus on physical activity needs to be addressed.

There is evidence of good practice to enhance physical activity but currently the RCGP is not a champion. Much of the work is on schemes that are organised in conjunction with the local authority such as gym referral schemes and walking groups. There are many examples where these work well.

Current software for GPs has prominent, central and easily accessible data input and monitoring for weight, height, blood pressure, smoking and alcohol but not physical activity.

GPs need to be supported in giving physical activity advice in the same way that they are continuously supported in giving smoking cessation advice, dietary advice and alcohol advice with additional training for clinicians and also secondary care support.

To date there has been a very lively and informative discussion in the RCGP Primary care Rheumatology steering committee about our ideas. The discussion gives a flavour of the interest of GPs, but also of the areas to work on such as evidence and making any new data collection or initiative as pragmatic as possible to implement.

Our current work is to develop a submission on Physical Activity as a Clinical Priority for the RCGP and build on an outline plan to deliver a change to QOF, GP education and support for physical activity promotion, with clear objectives and timescales; similar to resources already set up as part of the Scottish Physical Activity Pathway found

at http://www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs/nhs-physical-activity-promotion.aspx

Unfortunately the RCGP has had to reduce the finances of these initiatives, so in due course, depending on the nature and scale of the work, we will have to seek funding from some source. At the moment it is unfunded.

LAY ADVISER REPORTS

Our Lay Adviser Team are our eyes and ears on the ground and the FSEM has welcomed lay input over the year, giving our Council new information and a different perspective on Exercise Medicine.

Tricia Ranson, Lay Adviser to the FSEM, Pilates Instructor and Physiotherapist with a focus on mental health, learning disabilities and the older population.

Over the last year there has been a huge emphasis on the positive effects of exercise and the need to encourage the population to participate in regular exercise in order to improve their health and quality of life. The consensus today is that what is good for the heart is good for the brain and with my special interest in the effects of exercise on people with mental health problems and dementia I feel I can contribute positively to the FSEM as a lay advisor particularly with regard to these areas. The Blackfriars Consensus Statement published in May stated that there is now sufficient evidence to justify action to incorporate dementia risk reduction into national health policies – it suggests that from 3 to 20 percent of predicted new cases of dementia could be prevented over the next 20 years, if people adopted healthier lifestyles which would reduce the risk of high blood pressure, blood cholesterol, obesity and diabetes. One major influence on these factors is exercise and the FSEM is ideally placed to contribute to this initiative.

During 2014 I have represented the FSEM at the Patient and Lay Advisor Seminar held in London with a number of very interesting speakers including the Parliamentary and Health Service Ombudsman, Dame Julie Mellor. A large number of the medical faculties were represented and I found it both interesting to hear about the contribution the Lay Advisors are able to make to their medical colleagues and it also provided me with the opportunity to promote the FSEM which by comparison with many is a small Faculty! I have enjoyed my year and hope to have the opportunity to attend further meetings both with Faculty members and as a representative for them.

Jason Feavers, Lay Adviser to the FSEM, Exercise Pathways Coordinator at the City of York Council, working closely with GPs and Allied Health Professionals.
Twitter: @JasonFeavers

From a lay perspective I have enjoyed listening to the debates about physical activity and how exercise medicine fits into modern healthcare now and in the future. The various powers that be in the UK are beginning to understand the benefits an increase in physical activity will bring to public health and this is a welcome step, however we have a long way to go in overcoming the many barriers that enable more people to take up regular physical activity. I have written a couple of blog posts for the FSEM blog; the relative value of exercise for respiratory conditions and the future of exercise referral looking at community based and condition specific programmes. I have enjoyed attending Council meetings and providing feedback on a range of topics and highlighted some relevant papers, including the UK Active White Paper on Exercise is Medicine.

I'm delighted to be working with the Faculty of Sport and Exercise Medicine and I am particularly interested in developments in SEM training within undergraduate medical training, which will be an important step for the future of the specialty and hopefully secure progression towards more SEM consultants within the NHS. In the same way that Public Health Consultants are an integral part of Local Authorities statutory duty to improve public health, I believe an SEM consultant should be an integral part of every Clinical Commissioning Group (CCGs).

Elaine Stott, Active4Life Community Development Officer and Fitness Instructor with specific interest in functional fitness for older adults.

I have enjoyed my time as a Lay Adviser to the FSEM over the year and I have been delighted to be able to contribute via the FSEM's new blog and in keeping the FSEM abreast of physical activity papers and initiatives that are also part of my working life. One recent report from UK Active, the NCSEM in Sheffield and Public Health England 'Identifying what works for local physical inactivity interventions' builds on the recommendations of the All Party Commission on Physical Activity, which the FSEM has responded to. The project aimed to take a rigorous, objective look at local physical activity interventions across England to identify 'what works'. This is the first time such a large scale and academic approach has been taken to analysing and categorising the extent of physical activity interventions across the country and I hope that this is the beginning of a process which will recognise what is working out there and deliver physical activity programmes which will make a real difference at a local level.

My September blog for the Faculty addresses the communications gap between medicine and the fitness industry and how beneficial it can be for doctors to know that there is a specialist instructor at the local leisure center and a class running in the community especially for someone with the condition they are treating. The FSEM Council are working hard to influence and communicate the benefits of developing Exercise Medicine and I hope that Lay Team involvement will continue to help the Faculty achieve its physical activity objectives.

Stephen Morrison, Civil Servant for the Department for Work and Pensions and Physical Activity Champion for HASSRA Scotland and Fit in 14 Ambassador with a focus on the current issues surrounding obesity.
Twitter: @HowManyMiles_

I was delighted to be attending conferences in Scotland on behalf of the Faculty during my first year as a Lay Adviser. The Royal College of Physicians of Edinburgh's Symposium on Sports and Exercise medicine included a fascinating series of talks about Physical Activity, obesity and diet which started off the process of the Lay Team writing blogs for the Faculty, a task which I have enjoyed immensely over the months. The Advancing Excellence in Healthcare Conference hosted by the Royal College of Physicians and Surgeons of Glasgow was my second large conference with the Faculty running its own SEM symposium co-ordinated by the late Professor Stewart Hillis. After attending the conference alongside The Princess Royal, Princess Anne patron of the Faculty, I was inspired to write my blog 'Identify you Dreams and Work Backwards' based on a presentation by one of the world's top sports coaches Dr Frank Dick OBE. The joint BASEM/FSEM Walk 500 Miles Conference in Edinburgh at the end of 2014 was my final blogging assignment of last year and I attended the 'Exercise the way forward' session, which included key note speakers Jon Dearing talking about the Royal College of Surgeon's exercise and surgery campaign, Professor Karim Khan and Professor Sir Harry Burn's talking about physical activity/inactivity. Salutogenesis, a new word learned during Sir Harry's speech, was the inspiration for my latest article featured on page 20 of this issue. 2014 ended on a high for me when my guest blog was featured in the BJSM in November. In addition to attending and providing valuable input to several Council meetings, I enjoyed contributing to the FSEM's submission to the All Party Commission on Physical Activity. I am an advocate of the power of social media and I will continue to support the Faculty on Twitter. I hope the Faculty has gained as much out of having a Lay Team on Council focused on the issues surrounding physical activity medicine as I have taking part in the many physical activity focused conferences and meetings throughout the year.

HIGHLIGHTS FROM OUR DIPLOMA CEREMONY 2014

Congratulations to all those who were awarded with Membership, Fellowship, Diplomas and special awards by the Faculty in 2014. Our Diploma ceremony took place on the 25 November in the beautiful Playfair Building of the Royal College of Surgeons, here are some of the highlights from the awards:

Our new Fellows and Members and those awarded the Diploma of SEM with President Dr Roderick Jaques at the Royal College of Surgeons of Edinburgh November 2014

Honorary Fellows:

Congratulations to our new Honorary Fellows Professor Karim Khan and Professor Charles Galasko, who received their awards from the Faculty in 2014 in recognition of an outstanding contribution to the specialism of Sport and Exercise Medicine.

Dr Roderick Jaques awards Professor Karim Khan Honorary Fellow of the Faculty of Sport and Exercise Medicine UK at Edinburgh's old Assembly Rooms in October 2014.

Professor Karim Khan is a truly international sports physician with a career spanning the globe. His main research areas are in exercise promotion for health, including bone health and falls prevention and pathogenesis and imaging of tendinopathies. He has published over 250 original research articles in addition to 3 books. He is a co-author of Brukner and Khan's Clinical Sports Medicine, which has been published in three languages and is in its 4th edition. In 2001, Professor Khan was awarded the Australian Prime Minister's Medal for service to sports medicine. In 2012, he was profiled in 'The Lancet' with a biography titled 'Good Sports'.

Dr Roderick Jaques awards Professor Charles Galasko Honorary Fellow of the Faculty of Sports and Exercise Medicine UK at the Royal College of Surgeons of Edinburgh November 2014

Professor Charles Galasko was an integral part of creation of the Faculty and was the first President. He is the lead author and co-author of over 375 major publications (excluding abstracts). He has delivered over 750 lectures, many at keynote level, at national and international events. He has also led and been involved with many research projects and over time has personally raised close to £3m in funding. Professor Galasko's research into skeletal metastases and in the management of neuromuscular scoliosis led to the advancement of treatment in tens of thousands of patients. He developed the Manchester School of Orthopedics and has made an enormous contribution to the education and training of surgeons.

Donald MacLeod Medal Winner:

President of the Faculty Dr Roderick Jaques presents Dr Parjit Singh Dhillon with the McLeod Medal 2014

The MacLeod medal is presented each year to the candidate who achieved the highest mark in all diets of the Faculty of Sport and Exercise Medicine Diploma Examination. Congratulations Dr Parjit Singh Dhillon.

OUR STRATEGIC ACHIEVEMENTS 2014

In addition to our Committee and Working Party reports we have included work completed on our strategic direction in 2014 below:

	Strategic Principal	Work Completed
1.	**Raising Standards in SEM – To ensure that**	
	patients receive the highest standard in SEM care	
	Enhance quality of SEM Education	Guidelines in the use of Ultrasound scanning in the practice of Sport and Exercise Medicine.
	Postgraduate	Validation of SEM Exam.
		Review exam question bank.
		Review of exam with regard to physical activity medicine content.
		Review of opportunities for international expansion of exam.
	Undergraduates	Support of Undergraduate content at the FSEM/BASEM conference.
		Sponsorship of a Medical Student Exercise Prescription Booklet.
		Looked at ways of influencing Deans to adopt a minimum of four hours of SEM teaching in UK undergraduate curriculum .
		Reviewing the curriculum to provide SEM trainees with the skills required to meet current and future needs of changing healthcare priorities.
2.	**Service Development – SEM is a cost effective**	
	approach to the prevention and management	
	of illness and injury	
		Working Party Report on NHS commissioning structure.
		Copies of A Fresh Approach in Practice sent to 211 CCGs in England, Health Boards and Trusts in Scotland , Northern Ireland and Wales.
	Training Development	Evaluation of dual accreditation to widen SEM effect and increase number of consultant posts.
		Paper – SEM Role in Future Hospital.
		Paper – Curriculum Review.
	Enhance the health of the nation through	Lobbying for the development of a National Physical Activity Strategy and an increase in Exercise Medicine practice in the NHS.
	physical activity	
		Meetings with key influencers (see Our Public Affairs Work).
		Communications strategy to highlight the value of exercise – messages via news releases, position statements, social media & blogs and A Fresh Approach in Practice.
3.	**Academic SEM**	
	Develop academic training programmes	Research post created at Oxford via the GE Healthcare Fellowship to further develop the work of the FSEM and the British Society of Skeletal Radiologists.

OUR PUBLIC AFFAIRS WORK

The Faculty has been busy over the past year meeting and influencing politicians and public organisations which have a bearing on the future shape of the NHS and public health. You can now see our consultation and policy work on our website in the Media & Resources section, here is our calendar of key public affairs and policy work over 2014:

October 2013 -	President Dr Roderick Jaques meets Professor Kevin Fenton from Public Health England
December 2013 –	The FSEM responds to The All Party Parliamentary Commission on Physical Activity
January 2014 –	Faculty produces A Fresh Approach in Practice including a foreword by Mike Farrar Independent Management Consultant NHS Federation
February 2014 –	Dr Roderick Jaques meets with Ian Cumming from Health Education England to talk about the future of SEM and its application in the NHS
March 2014 –	Dr Mike Loosemore, Dr Roderick Jaques and Dr Phil Batty meet Dan Poulter MP and Parliamentary Under Secretary of State at the Department of Health and Professor Ian Cumming from Health Education England on a visit to the Institute of Sport Exercise and Health
March 2014 –	Dr Graeme Wilkes meets with MP Gerry Sutcliffe Culture Media and Sport Select Committee
April 2014 –	Faculty hosts a meeting with Royal Colleges and National Sporting Bodies on Concussion Management
June 2014 –	Professor Charles Galasko attends the Faculty of Public Health dinner
June 2014 –	The FSEM responds to NICE Head Injury consultation
July 2014 –	Dr Andrew Murray and the FSEM meet with Lothian Health Board to discuss A Fresh Approach in Practice
August 2014 –	Dr Phil Batty meets with Professor John Ashton President of the Faculty of Public Health
August 2014 -	Discussions on revalidation and prescribed connections with GMC and the Revalidation Team at NHS England
August 2014 –	The FSEM responds to NICE Physical Activity consultation and reviews the NICE Obesity guidelines
September 2014 –	The FSEM responds to the Labour Party Policy Review More Sport for All
September 2014 –	Faculty attends Health Education England Workforce Planning Meeting to state the case for SEM
October 2014 –	Dr Graeme Wilkes represents the Faculty at the launch of Everybody Active Every Day by Public Health England
October 2014 –	Dr Phil Batty meets with Nuffield Health to discuss SEM resource
October 2014 –	Justin Varney from Public Health England is appointed as a member of the FSEM's Council
November 2014 –	The FSEM responds to the Department for Transport Cycling Delivery Plan
November 2014 –	Key influencers for physical activity and public health attend the Faculty annual dinner - Dr Aileen Keel, Acting CMO for Scotland, Professor John Ashton President of the Faculty of Public Health, Professor Ian Cumming Health Education England
December 2014 –	The Faculty writes its Manifesto prior to the General Election

OUR KEY MESSAGES

The Faculty has been working hard in 2014 to influence the landscape with regard to public health. Part of this has been a back to basics approach in communicating the benefits of Exercise Medicine, a key part of our specialty, which has the potential to be applied on a much broader scale:

The Faculty of Sport and Exercise Medicine was established in 2006 and is responsible for the standards of SEM, training and higher specialist examination. There are now 94 SEM Doctors on the GMC specialist register. SEM doctors are trained holistically to diagnose and treat musculoskeletal conditions and sports injuries and effectively promote physical activity, especially for those with chronic non-communicable disease through physical activity interventions, prescription, rehabilitation, clinical exercise testing and assessment.

Our specialty covers three key areas: Sport Medicine, Exercise Medicine and Musculoskeletal (MSK) Medicine.

1. Sport Medicine involves the medical care of injury and illness in sport its application can be via professional sporting bodies, local and school clubs and teams and clinics specialising in sporting injury and performance

2. Exercise Medicine has a large scale application in the NHS and is a cost effective approach to the prevention and management of illness and injury in both primary and secondary care

3. MSK Medicine, the application of SEM can offer alternative non-surgical pathways in managing MSK conditions

The burden of physical inactivity in the UK is now significant and we need a fresh approach to this problem. Without an increase in Sport and Exercise Medicine consultant lead services, working in multidisciplinary teams, the NHS is not meeting one of the key health threats to the UK population.

One of our fresh approaches to this problem is to review the SEM undergraduate curriculum to reflect the changing healthcare environment. The curriculum should aim to reflect how we envisage SEM consultants will work to meet the future needs of the NHS specifically with MSK and Exercise Medicine.

Our other approach is to influence and encourage politicians, key stakeholders and the NHS to commission SEM lead services. Our Fresh Approach brochures outlining the benefits SEM can bring to public health and the NHS, including examples of models of care, can be found via our website homepage.

TACKLING CONCUSSION IN THE UK

Recognising the need for a UK wide consensus in the prevention, assessment and management of concussion, the Faculty hosted a meeting of National Sporting Bodies and Medical Royal Colleges in 2014 to discuss how best we could make this happen. Concussion is common in the UK and can have major implications on quality of life if not recognised early.

Key influencers and brain injury experts attended the meeting and the overwhelming view of delegates present was a common desire to progress the development of consensus as to how sport, health and education bodies in the UK can deliver best practice.

Delegates recognised the work currently being done by multiple governments and key agencies in this area, but felt that greater formal collaboration between the Medical Royal Colleges would facilitate the process.

The group would like to see consistent best practice, recognition, management guidelines and care pathways adopted from ground level up, across all sectors and by all health and allied professional groups, where concussion is encountered. They also recognised the need for a NICE guideline specifically on concussion.

Here are some of the delegates comments from the meeting used in our news release, which you can find at www.fsem.ac.uk

Dr Roderick Jaques, President of the Faculty of Sport and Exercise Medicine: *"Concussion is recognised to be one of the most challenging of injuries to diagnose assess and manage. Care pathways from concussion to return to play, school, work and everyday life are not always easily accessible or understood in the UK.*

"I am pleased to say that a broad consensus was established between all the participants of the meeting on the key issues of a medically complex area and we are in a position to take forward the development of a much needed consensus on the management of concussion."

Dr Simon Kemp, Hon. Secretary of the Faculty of Sport and Exercise Medicine and Chief Medical Officer for the RFU: *"Individual sporting bodies recognise the work that they need to do on concussion, however we need to move towards a cross-sports consensus on the recognition and management of concussion with consistency across all sporting bodies and in conjunction with education and healthcare systems."*

Dr Christine Haseler, representing the Royal College of General Practitioners (RCGP): *"The RCGP is interested in developing a consensus on the recognition and management of concussion with the group. Out of which, we would like to see a concussion education resource for GPs, which can be applied to the general public as well as those participating in sport."*

Dr Clifford Mann, President of the College of Emergency Medicine (CEM): *"One emergency department alone can see upwards of a dozen cases of concussion a week, most of whom are adolescents. There currently exists a large number of differing guidelines out there. Common guidelines, which can be applied across both healthcare and education sectors, are much needed. I am pleased to see that there is already consensus on the need for common guidelines from the meeting attendees and, as this gains momentum, we hope that other key organisations will sign-up."*

Dr Anna-Louise Mackinnon, Jockeys Medical Adviser to the Professional Jockeys Association and Injured Jockeys Fund: *"In racing we see more episodes of concussion than in most other sports and we would welcome generic concussion guidelines for UK sport to be used alongside the current British Horseracing Authority Concussion Management Protocol. Consistent advice across all sports, both recreational and professional, is vital to the optimal management of concussion. The development of educational resources available to all those working at the grass roots level will be of great benefit."*

Dr Ian Beasley, Chair of the FA's Medical Committee and Doctor to the England Men's Senior Football Team: *"The advice of medical professionals is key when it comes to the recognition and management of concussion. Whilst sporting bodies have developed processes to deal with many types of injury, including concussion, this is an area that is in need of a set of common guidelines which can be applied across a broad range of sports. All managers, leaders, teachers, players and clubs need to understand the risks associated with head injuries and be equipped with the correct knowledge."*

THE LAY VIEW

Include the Views of Many When Planning Physical Activity Campaigns

Our Lay Adviser Stephen Morrison attended 'Walk 500 Miles', the FSEM's annual conference with BASEM in October 2014 and has written a poignant article inspired by Sir Harry Burn's Speech during the 'Exercise the Way Forward' session.

Like many physical activity advocates, I am guilty of illustrating both the costs and benefits of inactivity and activity in percentage terms. I will often use figures such as 100% more likely to die prematurely if you are inactive or 30% less chance of developing heart disease or diabetes if you are active when trying to encourage others to be more active.

In the real world however, where people are struggling to find employment, feed their children (229,000 children living below poverty line in Scotland) and feel that they have a purpose in life, do these numbers actually mean anything?

This was one of the questions posed by Sir Harry Burns at the recent Faculty of Sport and Exercise Medicine UK (FSEM) and British Association of Sport and Exercise Medicine (BASEM) Walk 500 Miles Sport and Exercise Medicine Conference in Edinburgh.

He asked how we could hope to inspire and encourage more people to become active, when too many felt hopeless and alienated. When too many believe that they are not in control of their own lives and lack a nurturing and supportive network of family and friends, how can we convince them that going for a walk or buying a bicycle will improve their lot?

If we are to reduce the crippling cost of inactivity, Sir Harry Burns argued that we need to focus on increasing wellness by creating a social, economic and physical environment which encourages, supports and inspires self belief and behavioral change through positive social interaction.

In my opinion, medics and activists cannot accomplish this alone. The Toronto Charter and Sir Harry Burns both press for a more holistic approach to inactivity that encompasses seven key best investments, that include urban design and transport policies that prioritise active travel and active lives; community wide programs that involve and engage all and media campaigns and education programmes that will raise awareness and alter the public's views on sport and physical activity. Many of these investments can only be made at Government and Local Authority levels. They can only work if Ministers, employers, house builders and transport operators are committed to regulations that put physical activity at the forefront of their planning.

Is this happening? Are we focusing enough on the environments we live, work and play in? Are we putting out key messages that people understand, are we involving people from across our communities and are we committing significant resources to addressing our inactivity pandemic? In 2014 the Government released its plan to get more people cycling. Sustrans and other organisations have criticised it for a lack of funding and vision.

At Walk 500 Miles, Sir Harry Burns quoted the World Health Organisation's definition of health before introducing me to a new word:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The word that Sir Harry Burns introduced me to was "Salutogenesis". Coined by Aaron Antonovsky, it is an approach that focuses on what we need to cope with the stresses of life.

This is particularly important when we consider how we can improve social well-being and overcome the hardships that many face, that prevent them from considering more active lives. For those that struggle with day to day life, it has been shown that there are three components that provide people with a sense of how they can cope with stress:

Comprehensibility: a belief that things happen in an orderly and predictable fashion and a sense that you can understand events in your life and reasonably predict what will happen in the future.

Manageability: a belief that you have the skills or ability, the support, the help, or the resources necessary to take care of things, and that things are manageable and within your control.

Meaningfulness: a belief that things in life are interesting and a source of satisfaction, that things are really worthwhile and that there is good reason or purpose to care about what happens

Do we believe that the current ways in which we promote and encourage physical activity fully incorporate these components? Again and again, I open my newspapers or go on to social media to read about television and sports stars, chartered accountants, lawyers and medics taking up physical challenges and committing to national programmes to get the public more active. I constantly read about fantastic events and developments in London, which is great if you live in, near or can get to London. I look at mass participation events that are priced out of reach of many of the masses. Do these, in any way, resonate with those who, according to Sir Harry Burns, feel disenfranchised and alienated?

We must do more to include the views and aspirations of the many when planning on how to deliver physical activity campaigns, if we are to reach and connect with them. We must reach out to them in their communities and via social and mass media and speak to them in language that they understand, not in percentages or in costs to the NHS or the economy. We must invest fully in delivering effective and proven initiatives.

Again, I suggest, we must adopt a different approach.

Find this article and all of our Lay Views at

www.fsem.ac.uk/blog

Follow Stephen on Twitter: @HowManyMiles_

COMMONWEALTH GAMES – GLASGOW 2014 DIARIES

Camaraderie, an Endless Supply of Shortbread and a Team Approach

Dr Alethea Beck, Sport and Exercise Medicine Doctor at the Commonwealth Games and Member of the Faculty, gives an account of her time at the Commonwealth Games.

In 2012 I volunteered as a field of play medical doctor and was given the pleasure of covering the Olympic canoe slalom and mountain biking events. This spurred me on to apply as soon as possible to be a volunteer at the Glasgow Commonwealth Games 2014. This time round with more qualifications and experience under my belt I applied for the role of the Sport and Exercise Medicine Doctor. As my base is usually in Edinburgh working as a sports physician I was asked to advise on some of the initial planning for the field of play athlete facilities, including equipment and personnel, as well as facilitating some of the role specific training many of you will have attended prior to your role at the games.

Flexibility is the name of the game when working at a big event. I was originally due to be based at the polyclinic in the athlete's village and the medical lead for field of play at road events. A couple of weeks before the games I was called and asked if I might be able to cover some events that they were struggling to cover and, as a result, I found myself acting as the SEM Dr for four days at the diving in Edinburgh, three days at hockey and with one day at the marathon and two days at the road cycling events as medical FOP Lead.

As a result I was fortunate enough to experience more of the games than others by being at a number of venues and taking in the experiences from a vast array of people and athletes. This required the ability to adapt to surroundings and changing teams on almost a daily basis. One experience that few were able to be a part of was the Commonwealth Games event diving that was based in Edinburgh as opposed to Glasgow. We had a separate athlete diving village and the venue was the Royal Commonwealth Pool in Edinburgh. I have always felt when covering diving that it is a very supportive community between coaches, athletes and support staff. Again this was shown at the Commonwealth Games 2014. With any sport there are challenges and in diving this usually presents itself at poolside when lifeguards perform the rescues from the water and hand over to the medical team poolside. At the venue on each shift during training we had two paramedics, two physiotherapists, a sports masseur and myself as the SEM doctor. Alongside this there were four experienced lifeguards on duty for the pool. If you want to demonstrate a multi-disciplinary approach to patient treatment then this is surely it!

Team Diving Glasgow 2014: left to right - Sarah Bond (Physiotherapist), Donald Blackie (Paramedic), Alethea Beck (SEM Doctor), Mark Crawford (Paramedic), Linda Linton (Physiotherapist)

Hockey! Wow. What a competition. I had not covered hockey before but had played it lots as a younger person at school and university and let's just say it has changed-a lot. Daily scenario practice was of utmost importance with this sport. A ball flew close to head height far too many occasions for me to count or be comfortable with. It was imperative to keep your eye on the ball and player. This is where I saw the most injuries unsurprisingly mostly from the ball flying at high speed and contacting something fairly immovable and solid like a bony hand or knee. Again, a team was important and thankfully we had dentists there too.

Finally the road events which included the marathon, road cycling familiarisation and the actual event. I think if you ever had to manage a venue and provide medical support this is one of the most difficult as your venue covers a large area and your athletes keep moving over it at different speeds. Add in the proper Scottish weather (rain and lots of it) which came the second week of the Games and you end up with a very unpredictable environment. I was impressed by the venue medical manager at these events and organisation of personnel was key. There were long days, as I had expected, runners and cyclists like getting up early, so shifts usually begun at 6am!

The things I will remember most about the Commonwealth Games 2014 in Glasgow will be: the camaraderie, the team approach, the chance to network with people who you would not normally meet and of course the never ending supply of shortbread. The key with any of these events and I would encourage you all to do is to take the bull by the horns, enjoy it and take as much from it as you possibly can.

7,800 Consultations, a Great Curry and a Record Medal Haul

Dr David Pugh Team Scotland Doctor and Fellow of the Faculty of Sport and Exercise Medicine takes us through his Commonwealth Games experience

My Glasgow 2014 experience started in 2007 at Cardiff Metropolitan University with my good friend and colleague Dr Mark Ridgewell. My mobile phone went off and when I looked at the text message it was the announcement that Glasgow had won the bid and Mark and I were literally jumping around with glee. Later that day the SEM faculty from the University went out for dinner and surprised me at the end of the night with 6 bottles of champagne for us to celebrate with. I have never forgotten this marvelous gesture and can only hope that the Welsh Team experience in Glasgow was something to remember.

Scotland , as usual , prepared well for the Games with an excellent prep camp at Stirling University campus with most of the 17 sports taking some part in proceedings giving opportunity for that all important team bonding. This hopefully led in some part to the eventual success of the team.

I entered the Village on Sunday 20th July on a glorious day and was met with the wonderful friendliness of the Games Volunteers the wonderful Clydesiders who arranged my transport from Queen Street station and then guided me expertly through the accreditation process. I was met by most of the rest of our medical team in Scotland Street, our home for the next two weeks. The street was bedecked with bunting and posters and looked tremendous in the sunshine. What an entrance!

Dr David Pugh in the Team Scotland Tartan

The Team Scotland Medical set-up was well organised with areas for physiotherapy and private medical consultations split between a portakabin and the ground floor of our house. If anything I think we would have preferred a larger and more open treatment area but sometimes compromises have to be made for the sake of the greater Team and it didn't adversely affect the medical team's ability to perform. We were also fortunate to have a portable ice bath trailer with two stainless steel ice baths controlled by our S and C staff on site.

The medical team consisted of 6 docs and 15 physios – our largest ever medical team, dealing with our largest ever group of athletes numbering some 310, under the control of head doc Niall Elliott and head phyiso Lyndsay Thompson. I feel we had a good mix of experience and youth in the team.

The next day in the Village was marred by the sad news of the sudden death of Professor Stewart Hillis. Stewart was one of my mentors in SEM for many years and I replaced him at his beloved Clydebank FC where he had worked for over 20 years. Stewart was a massive influence on many Sports Docs in Scotland and the UK, it is fair to say that he will be sadly missed.

The Opening Ceremony at Celtic Park was an amazing experience, one that I will never forget and was easily as good as my last one in Melbourne. I was unfortunately unable to join my colleagues in their proud march round the Park as I drew the short straw and had to remain in the Village with the athletes competing the following day. Glasgow, my home city, did us proud and the noise when the Scottish Team entered in their controversial outfits (to coin a Glasgow phrase, I thought they were pure dead brilliant!) was astounding and my family were there to support me as they had done in Melbourne.

All of us in Scotland were praying for good weather as summer in this part of the world can be very hit or miss, luckily the gods were on our side. The triathlon races were held at Strathclyde Park and in 28 degree heat with the water temperature at 22 degrees allowing a non-wet suit swim for the first time at the Park. My preparation with our triathletes consisted of helping blackout logos on kits and spray painting wet suits to satisfy advertising rules! Not a very glamorous part of the remit.

The race itself was fabulous with the Brownlee brothers dominating the Men's race and a great performance by young Marc Austin, surely one for the future. The Women's race was equally as exciting, with England again doing well and the Scottish crowd were knowledgeable and supported the Auld Enemy magnificently, which was great to see.

My next sport was Rugby Sevens and when I initially heard that this was at Ibrox, home of Rangers FC, and not Scotstoun, home of Glasgow Warriors and the Scottish leg of the IRB Sevens, I was somewhat concerned. I needn't have worried as a record 178,000 fans turned out over the 4 sessions and the tournament was a major highlight of the Games for me. Listening to Uganda getting a massive cheer was fantastic and hearing numerous songs sung by 50,000 fervent supporters was simply the best (as they say at Ibrox). We were fortunate to avoid major injuries during the tournament and this led to the match versus England in the lower level play offs. Scotland, unfortunately, were defeated in a close game, which nearly ended on a dramatic high with British Lion and the fans' favourite, Stuart Hogg, being caught just short of the line preventing the winning score. England held on, but were again given a sporting cheer by the partisan Ibrox crowd.

Although my own core sports weren't winning medals, they were making friends and entertaining vast crowds. The Scottish Team, however, was delivering in great style in the pool and in the Judo hall. My next core sport was wrestling and, as we hadn't won a medal in the last 20 years, I wasn't hopeful. However, I was to be surprised when they won 2 bronze medals; the last one in dramatic style when Alex Gladkov was injured in the first round and required our physio Sandi Lyall to strap his injured knee in the second round. The fight was the best of the whole tournament and the ovation he received on winning, whilst limping badly on one leg, was very well deserved and showed a true fighting spirit.

I must mention the onerous task of accompanying athletes to doping control. I had to do this many times during the Games and, I have to say, I was met with excellent DCO'S who were courteous and knowledgeable in their field and made for unusually good doping control experiences for both myself and our athletes.

On completion of the wrestling I was a 'floater' and helped out at boxing and gymnastics. Scotland was very successful

in both these sports, adding to our ever growing tally of medals. There were some medical issues in boxing with the removal of head guards due to the increased incidence of concussion. This looks to have led to an increase in cuts. How to treat these with another bout of boxing in 2 – 3 days was a challenge. Initially we were advised that stitches could not be used and so we used traditional ice and then tissue glue. However, it transpired that certain teams were using internal sutures with glue on top and it was eventually discovered and clarified that this indeed could be used.

The polyclinic organised and run by Liz Mendl and the Chief Medical Officer John McLean and his Deputy Johnny Gordon appeared to be highly successful. There was a rapid service with such a huge team of volunteer medical, physiotherapy, dentistry and ophthalmology staff and I believe the statistic show that they made nearly 7,800 consultations – more than one for every athlete at the games! Their efforts have to be highly commended.

One of the fantastic experiences of any Games is the dining hall. In Glasgow this was no exception with the main hall having an excellent selection. My own favourite being curry, which is obviously one of Glasgow's staple foods. The dining hall experience was supplemented by on site nutritional experts, a nice touch to augment the already fantastic facility. The so-called casual dining was a BBQ facility with lots of tasty treats. The local residential zones also had superb specialty coffees and a selection of tempting cakes. The athletes thirst and hydration was catered for by large well stocked refrigerators filled with sports drinks as well as water and fizzy drinks.

The weather didn't stay for the whole of the Games and the cycling road races, which I covered on the final day, were marred by the torrential downpours and out of 160 starters only 12 finished.

And then in the blink of an eye it was all over!

The closing ceremony went by in a blur, although Kylie went down well in my opinion, and the traditional Scottish ending was a fitting send off. The after match party at Scotland House went on into the wee small hours and the medics in Team Scotland appeared to party as hard as the athletes.

Then it was nearly time to return to reality.

One more difficult occasion was for myself along with Dr Steve Boyce from Scotland and Dr Steve Chew from England to attend the memorial service for Professor Hillis in our team presentation outfits which seemed an appropriate small gesture to a great man.

On reflection, this was a marvellous Commonwealth Games, with a hugely successful Scottish performance and I hope all that attended were swept away by the sincerity of the welcome, the massive and appreciative crowds and the fabulous and very Scottish Closing Ceremony. I hope that The Gold Coast can deliver a similar experience in 2018 and I wish them every success.

A RYDER CUP DOCTOR'S EXPERIENCE

Dr Jane Dunbar, Fellow of the Faculty, takes us through her experience at the Ryder Cup Gleneagles 2014

The event

So what is this Ryder Cup? Golf - 12 European players V 12 USA players and a different format of match play each day . Only on the 3rd day are all 24 players out at the same time ,some days only 2 – 8 players from each side on the course at all. BUT THE AUDIENCE IS VAST!

The Ryder Cup is an enormous biennial event with a 500 million world wide TV audience in >180 countries and with >50,000 people attending on site each day , with only 14,000 in 18 grandstands (spaced out over the course) and up to 10,000 in hospitality pavilions the rest (about 25,000) are moving over the vast area of a golf course on uneven slippy terrain. 17 big screen TVs round the course showed the golf live but 2 seconds behind the on course live radio so yells or groans anticipate the shots on screen but where ever you were you could see what was going on over the other side of the course. Amazingly the 3 practice days were almost as busy as the competition days and is never more than 10 holes in use at any time. But the crowd (and more than 50,000 had registered by day 1) were encouraged to "walk the course" with 9 on course check in points and final check in for a prize and online social media data of their miles achieved sent out. All this for only 12 athletes on each team.

Ryder Cup
Walk the Course 2

The medical staff

The 7 doctors on the medical team represented The Faculty of Sport & Exercise with 3 on the specialist register, of the others all diplomats but 3 should be on the register in the next few months and one an A& E Consultant also an SEM diplomat.

Roger Hawkes looked after the European Team players and staff whilst helping the American team Doctor when required. The rest of us looked after the crowd and 5,000 volunteers and staff working at the event. We were supported by paramedics from the Scottish Ambulance Service, nurses from Forth Valley A&E, and a team of 10 professional First Aiders (mostly senior paramedic students) and volunteer first aiders .

The planned cover of dividing the course into 3 area zones with a pair of professional first aiders in a buggy and a doctor with a paramedic on a stretcher buggy in each zone worked very well with quick response times. These mobile units were backed up by a 10 bedded medical centre manned by an A&E nurse, 2 professional first aiders and 2 doctors with ambulance officers close by in the Joint Operations Control Centre. The volunteer first aiders manned the 3 static first aid units out on the course.

The medical emergencies

Less medical emergencies than I expected, one arrest successfully resuscitated by docs and mobile first aid staff and I think a couple of other heart attacks transferred to hospital. Due to the fantastic weather less than 5 fractured ankles. Personally I was very relieved when asked to see a chest pain that was not chronic bronchitis to find it was a professional cricketer from South Africa with a stress fracture of his rib, much more in my personal comfort zone of sports medicine. I do not know the totals seen just less than I expected.

A reflective personal view

As one of the European Tour SEM Doctors last month I was privileged enough to be working at the Ryder Cup in my own home area of Gleneagles. You would think I should have known my way around but my first problems was how to actually get the 8 miles up the road to the course from my house.

The Ryder cup being one of the biggest sporting events in the world it comes with security. If you lived inside the security net closer than the park and rides (like me) it is difficult to get there as no cars or bikes are allowed (the train didn't run early enough in the morning). It was an interesting 20mile+ detour on the bus, which I was able to blag my way onto from a local hotel across the street from my house. The other SEM doctors had to drive in from Dundee or Edinburgh (or a campsite 15 miles away) for 5.30am to the local cottage hospital for ambulance transport into the course before the transport lock down at 6am. Days finished after the crowd and hospitality had closed (anytime between 7.30pm and 10pm!) Only the doctors and professional first aid team worked full 14-17hour days not the 7 hour shifts of nurses and paramedics.

I admit I am much happier looking after the players than the crowd and found it quite bizarre to see so many people (10 deep even standing on boxes for a better view at the practice ground, let alone around the fairways and greens) watching the players (many of whom they could see the following week at the Dunhill Championship in St Andrews with no one else in sight for free). My European players I know so well were out within shouting distance and on a massive stage with a crowd completely different from the other 104 weeks between Ryder Cups. If it was different for me it must have been a bizarre bubble for the players. There are dedicated followers of the Ryder Cup from both sides of the Atlantic who come to every Cup dressed up and it reminded me of the Eurovision Contest groupies.

Ryder Cup Fans

My lasting memories of the week:-

An amazing sunrise

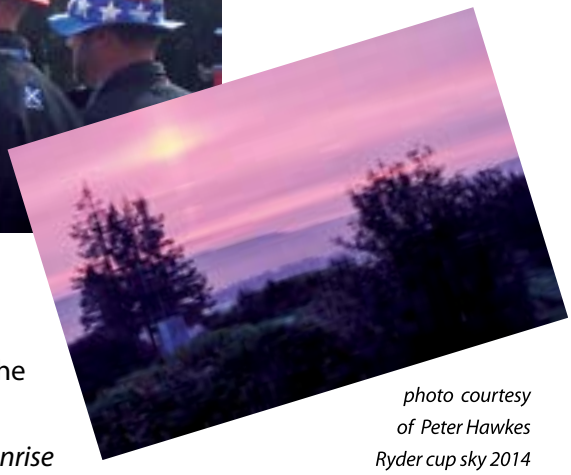


photo courtesy of Peter Hawkes Ryder cup sky 2014

People everywhere and even more people everywhere but absolute silence whilst every shot is played and both sides respected and fairly cheered for good play.

At 6am masses running half a mile in the darkness from the bus park to attain a seat in the first grandstand for play starting at 11am!

Struggling to stay awake in the medical room watching the last afternoons winning European play whilst assessing a casualty hit by a wayward American's ball who insisted she watch the golf rather than be treated, thank goodness, we all saw Jamie Donaldson's winning shot!

STUDYING POINTE INJURIES IN BALLET

A guest article by the Institute of Sport Exercise and Health

Students at The Royal Ballet School (RBS) in Covent Garden spend three academic years developing their dance skills and performance with the ambition of graduating having secured a contract as a professional dancer. Since injury can have a devastating impact on a student's potential career, the multidisciplinary sport and exercise medicine care provided on site at the RBS aims both to prevent injury where possible and to deliver effective rehabilitation.

ISEH consultant and Fellow of the Faculty of Sport and Exercise Medicine, Dr Ian McCurdie presented at the British Association of Sport & Exercise Medicine (BASEM) and Faculty of Sport & Exercise Medicine (FSEM) combined annual conference in Edinburgh in October. He presented data on the range and number of injuries sustained by pre-professional ballet dancers with specific reference to those at the RBS, where he works as a member of the medical team. His presentation, part of a wider session on Dance Medicine, included a brief history of ballet and the RBS, alongside patterns of injury incidence (including dance and practice time lost) relating to injury at the RBS.

Pre-professional ballet appears to be less hazardous than professional ballet, with 1.4 injuries per 1,000 hours of dance recorded, as opposed to 4.4 injuries per 1,000 in professional dancers, although around 50 per cent of professional ballet dancers in one survey attributed their current symptoms to an injury sustained before the age of 18.

Injuries to bones and joints are more common than those of muscles and tendons, which is almost the reverse of the patterns seen in sports such as tennis and football. There also appears to be a predictable cycle of injury incidence that follows the school term timetable, with peaks in new injuries seen in the first few weeks back from holidays. As well as the more common injuries, some unusual bone injuries, rarely seen in sport, can occur among ballet dancers.

The ISEH hosts part of the UCL Performing Arts Medicine MSc. The Masters' Degree is a unique programme, providing specialised training in Performing Arts Medicine to clinicians interested or already involved in treating musicians, singers, dancers, actors and other performing artists. Its mission is to be the leading institute of sport, exercise and health in the world, providing excellence in elite sports performance, sports injury prevention and management.

The ISEH is one of three locations forming the National Centre for Sport and Exercise Medicine (NCSEM), a major legacy project of the 2012 London Olympic Games. A £10 million investment by the Department of Health has resulted in a dedicated state-of-the-art facility in the centre of London. The ISEH, which opened in June 2013, aims to deliver world-class research, teaching, training and clinical expertise in sport and exercise medicine.

The ISEH provides excellence in elite sports performance and sports injury prevention and management whilst bridging the gap between elite sport, amateur sports and exercise prescription, for the improvement of the healthcare of the population.

The ISEH is a partnership between UCLH (University College London Hospitals NHS Foundation Trust), HCA Hospitals, UCL, the English Institute of Sport and the British Olympic Association.

For further information please visit the ISEH's website www.iseh.co.uk

BAUERFEIND WINNER

The Bauerfeind Travelling Fellowship 2013 was awarded to Dr James Thing whose clinical proposal was to improve paediatric concussion care in the UK, learning from existing US Concussion Clinic models and undertaking a comprehensive cost-benefit analysis to determine whether similar clinics would represent a feasible financial solution for the NHS. Here is Dr Thing's account of his Travelling Fellowship experience.

Dr James Thing

Boston Children's Hospital Main Entrance

Concussion has become a topic of increasing interest within the sports medicine community since the first consensus on concussion in sport, held in Vienna in 2001.

At a paediatric level, concussion in sport is well documented but is often poorly identified at the pitch-side and ineffectively managed in the aftermath, commonly resulting in an inappropriate and often premature return to play. This early return to sport may have implications for the individual's physical and mental wellbeing with a potential risk of "second impact syndrome" and adverse effects on mood and concentration.

At present in the UK there are very few (none to my knowledge) dedicated, sport-related concussion clinics for the general population, let alone for children and adolescents. In the US however, the Sport and Exercise Medicine Department at Boston Children's Hospital has offered a "Sports Concussion Clinic" for athletes aged 8 and over, since 2007. This clinic utilizes the skillset of sports medicine clinicians, neuropsychologists, neurologists and neuroradiologists in a multidisciplinary environment, offering a unique service to young patients who have suffered a sports-related concussion.

In November 2013 I travelled to Boston to gain a greater understanding of how concussion management can be optimally delivered to children and adolescents within this specialist environment.

The BCH concussion clinic is based in central Boston, with a satellite clinic in Waltham, MA. It serves the paediatric population of Massachusetts, roughly 1.04 million individuals (5-18yo's) [1]. The service is led by Dr William Meehan and his team of seven Sport and Exercise Medicine colleagues who review 1000 new patients per year, in 3800 appointments. Sport and Exercise Medicine doctors co-ordinate the service and have background training in family medicine or paediatrics.

The BCH clinic accepts referrals from Emergency Departments, family medicine doctors, athletic trainers, as well as self-referrals.

Initial appointments last one hour and consist of a review of the specific injury, including mechanism of injury and immediate symptoms, as well as previous concussion history, drug history, past medical and psychiatric history. The individual is asked to score their symptoms using a "Symptom Evaluation Questionnaire", similar to that found in the SCAT3 tool [2]. This gives the clinician a "total symptom number" and "symptom severity score" that can be used to assess progress on subsequent visits.

A full cranial and peripheral neurological examination is performed and a balance assessment is made, using BESS (Balance Error Scoring System) testing protocols that can also be also compared on subsequent visits to monitor progress [3].

In Massachusetts, 95% of schools are able to offer baseline neurocognitive testing in the form of an ImPACT test. This is generally performed by an Athletic Trainer at the school and offers the clinician at the BCH clinic an additional measure by which to compare an individual to their pre-morbid state. A post-injury ImPACT test allows for immediate comparison to this baseline score.

The clinic acts as a central hub, managing concussion care and utilizing expert input as required.

Patients who display persistent cognitive deficits may be referred for neuropsychology input.

Psychology services may be offered to those with ongoing post-concussive emotional or behavioral issues, and vestibular therapy is used to effectively treat ongoing ataxia and dizziness.

Individuals with persistent headaches may require further investigation, usually in the form of MRI and often with the input of neurology colleagues.

The clinic has established excellent links with local schools in Massachusetts and as such is able to offer individual academic 'accommodations', allowing time off school, graduated return to lessons, and extra time or elimination of tests and exams as required. Sporting accommodations are also offered in order to safely guide individuals to return to competitive play.

The clinic has pioneered services in the US and has produced a large quantity of valuable research data that is helping to demystify concussion and guide potential future management strategies.

At present such a paediatric service is desperately needed in the UK. It is worth noting that the population of 5–19 year olds in London is 35% greater than the equivalent population in Massachusetts. This extrapolates to 1400 new potential paediatric concussion patients per year in London alone.

The Institute of Sport, Exercise and Health (ISEH), in association with UCLH partners may offer the UK a timely solution to this issue. We hope to establish a service based on the BCH model in order to standardize the management of paediatric concussion in London. Such a clinic would offer fantastic educational and research opportunities, helping to expand concussion knowledge in the UK.

[1] http:l/quickfacts.census.gov/qfd/states/25000. html

[2] SCAT3 tool accessed online at
http://bjsm.bmj.com/content/47/5/259.full.pdf

[3] BESS protocols accessed online at
http://knowconcussion. org/wp-content/uploads/20 11/06/BESS. pdf

Dr Bryn Saville
Undergraduate Sport and Exercise Medicine Society (USEMS), Regional Society Lead

&

Dr Liam West,
President of the USEMS give an update on undergraduate activity including two undergraduate conferences this year.

The Undergraduate Sports and Exercise Medicine Society (USEMS) continues to go from strength to strength. We are very thankful for the continuing support of both FSEM and BASEM. The society committee is currently composed of two doctors and three medical students. As the overarching undergraduate society in the UK we help in the formation and engagement of regional SEM societies, whilst we also provide a significant number of educational opportunities and continue to build relationships with organisations in order to facilitate undergraduate SEM.

This year has seen the creation of yet more regional SEM societies, and we have now supported over 10 regional societies during their initial formation. USEMS has regular discussions with each regional society to provide any help needed, and to ensure the successful running of every society. For example, we have helped societies to offer student selected components, elective advice, work experience and research opportunities, after providing any assistance needed in the creation of their educational events for the year. We also regularly promote educational opportunities and support regional societies through our various social media channels: Twitter, Facebook, blog and our website. Most recently, we have created an educational portal which we hope will become a hub centralising all information and providing updates on training pathways, current research, career options and educational opportunities

The annual USEMS conference is a focal point for undergraduate SEM education. In 2014, it was held in Birmingham and was attended by over 130 delegates with 15 well renowned speakers giving presentations on the day. In response to growing interest in the speciality at an undergraduate level, there will be two USEMS conferences in 2015: Cardiff on February 21st and 22nd with a practical focus, and one held in Newcastle in October with a more academic/plenary focus. Away from our events, we were delighted to maintain our participation in the first joint BASEM and FSEM conference in October 2014 in Edinburgh, where we held an afternoon stream. Our involvement in the conference is invaluable and allows students to engage with current topics in SEM, and network with top SEM professionals in the UK. The day up in Edinburgh also marked the first meeting of all the regional SEM societies, where USEMS facilitated discussion between all the societies on improving undergraduate SEM education. We hope to maintain our stream again at the second joint BASEM and FSEM conference in Cardiff in November 2015.

Challenges clearly remain for undergraduate SEM. In particular, there is still a lack of SEM education within UK medical curricula. We are aware of the progress made over the last few years in Cardiff, Kings College London and Oxford yet this needs to be consolidated and built upon. Physical inactivity is still not on the agenda for the majority of medical schools in the UK, and basic training is not being provided on this key issue. We are hopeful that with the work of FSEM and others that we will start to see SEM education adequately contracted and provided by these universities.

At the end of 2014, it is obvious that the undergraduate SEM movement in the UK is flourishing. It is extremely pleasing to see that USEMS events and resources are getting increasingly popular, alongside the numerous new regional societies popping up around the UK to meet the demand from students. Given the current educational gap in university curriculums, USEMS must keep on working hard to facilitate educational opportunities to students who are interested in learning about the speciality outside of their normal hospital clinical attachments.

If you would like to help with the student SEM movement near you please get in touch @UndergradSEMS or liamwestsem@hotmail.co.uk / brynsav@hotmail.com

FACULTY OF SPORT AND EXERCISE MEDICINE COMMITTEES AND WORKING PARTIES

COMMITTEE	REMIT	CHAIRS
Appraisal and Revalidation Committee	Setting standards for FSEM Appraisals in line with the GMC	Chair – Dr Roger Hawkes
Appeals Committee	Working with the Examinations Committee and Members and Fellows Committee	Chair - Prof Angus Wallace VC - Dr Phil Batty
Clinical Advisory Committee	Review and recommend responses to external policies, Faculty position statements, review NICE Consultations relevant to SEM	Chair – Dr David Hulse VC – Dr Phil Bell
Consultant Appointment Advisory Committee	Assess SEM job descriptions Assess the suitability and experience of candidates for Consultant posts in SEM in the UK	Chair – Dr Simon Till VC – Dr John Etherington Dr Brian Walker Dr Ian Beasley
Education Committee	Academic content of AGM Memorandum Of Understanding with BASEM Award CPD for FSEM	Chair – Dr Nigel Jones
Examination Committee	Set standard and develop content of FSEM examination in line with Curriculum and GMC guidelines Explore expansion of examination under direction of Council	Chair - Dr John Jenner VC – Dr Jane Dunbar
Members and Fellows Committee	Review and redefine categories and manage appeals Membership and Fellowship benefits Recommend Honorary Fellowship appointments	Chair - Dr Charlotte Cowie VC – Dr Simon Till
Specialty Advisory Committee	Determine and review curriculum content of SEM training Maintain standards in UK SEM training	Chair – Dr Justin Hughes VC – Dr Mark Gillett

WORKING PARTY	REMIT	CHAIRS
MSK Ultrasound	Establish governance and standard setting of MSK US practice in FSEM for M/F	Chair – Dr Thamindu Wedatilake
FSEM Specialty Certificate Exam	Explore the opportunities for creating a SCE, liaise with the Exams Committee	Chair –Mr Jim Foster
Undergraduate SEM curriculum	Review the current curriculum with an aim to provide SEM trainees with the skills required to meet the current & future needs of changing healthcare priorities.	Chair - Dr Simon Till
Delivery of SEM in NHS	Gather evidence of successful physical activity medicine initiatives for communicating to CCGs and the NHS	Chair –Dr Graeme Wilkes
Enhancing physical activity to the UK	Comms role in +ve benefits and lobbying government. Includes Comms & PR work done via Public Affairs, news releases and social media	Chair - Dr Tim Swan PR and Communications Officer
Academic careers	Raise academic output of speciality and training.	Chair Dr Natasha Jones
Professional code	Version 2 of professional code	Chair - Dr Phil Bell
Physical Activity Medicine in General Practice	Propose a new UK wide clinical priority for GPs on Physical Activity	Chair – Dr Christine Haseler

FACULTY OF SPORT AND EXERCISE MEDICINE COUNCIL MEMBERS

Council Members	Position held	Representative of	Term of office ends
Dr Rod Jaques	President	2012	2015
Dr Philip Batty	Vice-President	2014	2017
Dr Simon Kemp	Hon. Secretary	2012	2016
Mr James Foster	Hon. Treasurer	2014	2018
Dr Ian Beasley	Member of Council	Elected 2013	2017
Dr Phil Bell	Vice Chair of Clinical Advisory Committee	Elected 2013	2017
Dr Charlotte Cowie	Chair Nominations Committee	Elected 2011	2015
Dr Tom Crisp	Member of Council and BASEM Chair	Elected 2009	2015
Dr Jon Dearing	Representative from the Royal College of Surgeons of Edinburgh	2013	2017
Dr Jane Dunbar	Vice Chair of Examination Committee Elected	2009	2015
Dr Michael Dunlop	Trainee Representative	2014	2018
Dr Michael England	Chair of Catastrophic Injury in Sport Committee	Faculty of Occupational Medicine	2015
Dr John Etherington	Council Member	Rehabilitation and Recovering in the Community NHS England	2019
Mr Jason Feavers	Lay Adviser	Appointed 2013	2017
Dr Christine Haseler	Representative from the Royal College of GPs	Appointed 2014	2017
Dr Roger Hawkes	Chair Revalidation and Appraisal Committee	Elected 2011	2015
Dr Justin Hughes	Chair of the Specialty Advisory Committee	Elected 2014	2018
Dr David Hulse	Chair Clinical Advisory Committee	Elected 2012	2016
Dr Nigel Jones	Chair Education Committee and Chair of BASEM Education Committee	Elected 2014	2018
Dr John R Jenner	Chair Examinations Committee	Society of Apothecaries	2015
Dr Natasha Jones	Chair Academic Careers Working Party	Elected 2012	2016
Dr John MacLean	Representative from the Royal College of Physicians and Surgeons of Glasgow	Appointed 2014	2018
Dr Sheona Macleod	Member of Council	East Midlands Deanery	2017
Mr Lyndon Meehan	Member of Council	Appointed 2014 Faculty of Dental Surgery RCS England	2018
Mr Stephen Morrison	Lay Adviser	Appointed 2013	2017
Dr Philip O'Conner	Royal College of Radiologists	Appointed 2013	2017
Mr Paul O'Flynn	RCS England	Appointed 2012	2016
Dr Nick Peirce	Member of Council	Elected 2013	2017
Ms Tricia Ranson	Lay Adviser	Appointed 2013	2017
Dr Julian Redhead	Representative College of Emergency Medicine	Appointed 2011	2015
Dr Padraig Sheeran	Representative FSEM Ireland	Appointed 2013	2017
Dr Tim Swan	Member of Council	Elected 2013	2017
Ms Elaine Stott	Lay Adviser	Appointed 2013	2017
Dr Justin Varney	Representative from Public Health England	2014	2018
Dr Thamindu Wedatilake	Chair MSK Ultrasound Working Party	2014	2018
Dr Graeme Wilkes	Chair Delivery of SEM in NHS Working Party	Elected 2012	2016
Dr Roger Wolman	Royal College of Physicians of London	2013	2017

FACULTY OF SPORT AND EXERCISE MEDICINE DIPLOMA CEREMONY AND AFTERNOON TEA PHOTOS

Strawberry Tarts

Group Diplomates front podium

President Delivers his Address

Exec Council Arrive at Diploma Ceremony

Afternoon Tea Dr J Thing Dr R Hawkes (right) mingling

OBITUARIES

PROFESSOR STEWART HILLIS OBE

Professor Stewart Hillis died aged 70, two days before the Commonwealth Games, in his home town of Glasgow, were about to start. Stewart was a medic of the highest standards with a great sense of humour and would have made the joke himself about this being the only excuse he would have for not attending the Games, see his home country bring in 19 gold medals and to be beside his colleagues and friends in the treatment area. He studied medicine at Glasgow University graduating in 1967 and his expertise was cardiology, which he went on to study at Vanderbilt University in Nashville Tennesee, where he acquired a taste for Country and Western music. Stewart's contribution to Sport and Exercise Medicine was delivered with passion as well as humour, his career as a leading cardiologist and long-term Doctor of Scottish Football has left lasting legacies to Sport and Exercise Medicine. His work for the Faculty included his role as Chair of our Education Committee, an examiner for the Faculty and Chair of the CPD Committee. Stewart was also one of the original board members of the Intercollegiate Academic Board of SEM (IABSEM), before the Faculty was created. An integral part of the development of the Diploma in Sport and Exercise Medicine Exam, Stewart was a man of superb professional and personal qualities. In 2014 he liaised on behalf of the Faculty with the Royal College of Surgeons and Physicians of Glasgow to run a major session on Sport and Exercise Medicine and attended to make sure its smooth running, when he was clearly very ill. He recently completed a review of the Faculty sponsored Medical Student Exercise Prescription Booklet, which has been suitably dedicated to him. Professor Stewart Hillis is survived by his wife Ann, sons Andrew, Ally and Iain and daughter Sarah.

DR PAUL MACKENZIE

A towering figure in the field of sports medicine died at the age of 95. Paul was a General Practitioner and was central in developing the medical facility which provided services at the Open Golf Championship as well as covering the emergency needs of the public. In 1963 he formed the Glenshee Ski Rescue Service with NHS links to the Bridge of Earn Surgery. Previous to becoming a doctor Paul joined the army serving under Lord Mountbatten during the Second World War, following a medical degree at Edinburgh University he qualified as a doctor in 1952 at the age of 33 and ran a rural GP practice pioneering modern sports medicine for golfers and skiers. Dr Mackenzie was a member of the TAA and the Royal Company of Archers. The son of a decorated soldier, educated at Edinburgh Academy where he joined the Officer Cadet Training Unit, Mackenzie joined the army on leaving school in 1938. Commissioned in the Border Regiment, he served in various campaigns throughout the Second World War, rising to the rank of captain. He ended the war as a junior staff officer in Admiral Lord Louis Mountbatten's South East Asia Command in Burma. He continued to be involved, through the TA, as a major in the Royal Army Medical Corps, and was awarded the Territorial Decoration for long service.

Dr Paul Mackenzie's Glenshee Model, which ensured serious injuries were responded to effectively, paved the way for similar services elsewhere. He was awarded a Fellowship of the Faculty of Sports and Exercise Medicine in 2007 in recognition of his legacy. A bon viveur and gourmet, who savoured his long life and did so much to improve the lives of others, Dr Mackenzie is survived by his wife Barbara, daughter Fiona and son Ruari.

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