Faculty of Sport & Exercise Medicine Team Care Diploma Syllabus

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Module 1: Clinical Governance

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Medicines Management	Statutory requirements for	Take a medication history
	organisations providing	specifically for an athlete in
	healthcare in relation to	relation to their sport.
	procurement, storage,	Produce accurate, written
	handling, record-keeping,	prescribing reports and
	usage and disposal of	electronic medical records.
	medicines, including travel	
	to and from training and	Perform an audit on
	competitions.	medicines management.
	Specific requirements for	Check the prohibited status
	controlled drugs (CDs) in	of specific medicines for an
	relation to legislation on the	individual based on the
	safe use and management	current World Anti-Doping
	of CDs, safe custody	Agency (WADA) Prohibited
	regulations and possession	List.
	and supply of these	
	medicines.	Design and implement a
		medicine's management
	Potential factors that may	policy for a team and/or
	challenge a medicine's	sport.
	management policy within	NA/ - ul ith . ula - uu i - t u - l
	elite sport such as	Work with pharmacists and other healthcare
	international travel.	
	Anti doning rulings related	professionals to facilitate
	Anti-doping rulings related to all matters of medicines	best practice in medicine's
		management including the use of Patient Specific
	management.	Directions (PSDs).
Appraisal and Continued	Registration and	Keep professional
Professional Development	requirements pertaining to	knowledge up-to-date and
(CPD)	appraisal and revalidation	take part in activities that
\ = 1	from their relevant	maintain and develop
	regulatory body.	competency and
	The professional values and	performance.
	behaviours expected of	Take part in and complete
	•	work-place based

them from their relevant assessments, structured regulatory body. reports, multi-source feedback and reflective Mandatory training requirements for team care practice. practitioners in elite sport Complete an annual including: appraisal and understand the process involved in this. Pre-hospital • Pitch-side or Be familiar with guidelines and developments that **Emergency Care** affect your work in sport. Anti-doping Safeguarding Engage athletes and • Equality, Diversity, coaches on important and Inclusion medical and health related Infection Prevention topics. and Control Prepare and deliver Continued professional teaching and training to development and on-going other health-care education requirements for professionals and athletes. healthcare professionals in sport. Ensure learning from patient injury and illness The importance of data. appropriate: Professional Recognise accepted best indemnity practice guidance around Disclosure and social media behaviour and Barring service the potential pitfalls that checks exist. Clinical effectiveness Principles of evidence-based Critically appraise literature medicine pertaining to relevant to medical medical provision in elite provision in elite sport. sport. Adapt clinical practice and The role of clinical protocols based on new guidelines in supporting evidence and experience. athlete care. Demonstrate an awareness Research methodology (e.g., and understanding of key study design, data analysis) clinical guidelines in elite which could be used to sport, including the enhance clinical care. medicolegal framework within which they exist.

		Identify ethical concerns and barriers related to conducting clinical research in elite sport settings.
Risk management	Relevant regulatory body standards with respect to medical records and storage of this information, including data protection. Systems and protocols which can be used to reduce risks in an elite sport setting (e.g., infection control measures, emergency action plans, safeguarding procedures).	Maintain contemporaneous medical records in keeping with professional standards (e.g., General Medical Council (GMC), The Health and Care Professional Council (HCPC)). Design an Emergency Action Plan which is fit for purpose for the setting within which you work.
	Significant event reporting procedures (including near miss events).	Develop and implement evidence-based protocols which can be used to reduce risks in an elite sport setting.
	Strategies (e.g., clinical audit, Quality Improvement Project (QIP)) used to evaluate service provision and subsequently make informed recommendations.	Promote a positive culture of transparency and learning within the elite sport setting through implementing suitable governance procedures (e.g., significant event reporting, managing complaints, reflective practice, debriefs etc).
Clinical Audit	Statutory and mandatory requirements for clinical audit for sporting environments. Why clinical audit is vital. A method of quality assurance to improve processes and outcomes, identify and minimise risks, waste and	Document a strategy for clinical audit for an organisation. Document complete audit cycle including how the audit improved outcomes, minimised risks or provided assurance of clinical standards.

	insufficiencies and provide assurance of compliance with clinical standards.	
	The stages of the audit cycle. Preparation and planning, measure performance, implement change, sustain improvement.	
Moral Dilemmas and Ethics	The code of conduct for regulated practitioners. The current laws and best practice guidance relating to consent and confidentiality.	Apply the principles of good practice in relation to various sports medicine scenarios in areas of consent, confidentiality, anti-doping, use of innovative versus evidence-based practice, athlete/practitioner relationship, return to play decisions, performance vs. health balance.

Module 2: Safe and effective practice

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Data preparation, analysis,	The different methods of	Perform work duties in a
storage and presentation	capturing data	way that honours good data
		protection practices in all
	The concept of data	areas that involve personal
	preparation.	data.
	Key considerations when	Apply the 7 basic GDPR
	choosing appropriate	principles to data
	questionnaire and data	processing.
	analysis methods for sports	
	and performance related	Understand what
	problems.	constitutes the following
		and the processes that
	The key considerations to	occur following these:
	interpret quantitative	 Data breaches
	results.	 Subject access
		requests
	What data protection	
	legislation (UK General Data	Identify the correct places
	Protection Regulation	and people to get help with
	(GDPR) and the Data	assessing, mitigating, and
	Protection Act 2018) exists	reporting data risks and
	and the core themes and	incidents.
	principles within it,	
	including common	
	terminology.	
	A team care practitioners'	
	responsibilities for	
	protecting the data they	
	work with.	
	The role of a Data	
	Protection Officer.	

Regulation of healthcare	The purpose of	Identity if a facility is
(An example of a relevant organisation is the Care	organisations that regulate health and social care.	required to register with an independent regulatory
Quality Commission in	nearth and social care.	organisation in order to
England, but these will	The role of independent	provide healthcare services
differ from country to	regulatory organisations in	to athletes.
country)	the assessment of the	
	provision of healthcare in	Understand how to report
	elite sports environments.	concerns to an independent
	The type(s) of publications	regulator about healthcare provision.
	and assessments produced	provision.
	by an independent	Apply equality and human
	regulator.	rights when providing
		healthcare and ensure these
	The role of equality and	are protected in the elite
	human rights in the work of	sport and exercise medicine
	an independent regulator.	environment.
Infection Control	National and local	Follow appropriate national
	guidelines, policies and	and local guidelines, policies
	procedures relevant to	and procedures relevant to
	infection control and	infection control and
	prevention.	prevention.
	Different factors that	Assess the risk to individuals
	increase the likelihood of	in relation to their likelihood
	individuals acquiring an	of acquiring infections and
	infection, including:	potential complications and
	• Age	severity of this, based on
	Reduced immunity Medical Conditions	their individual factors.
	Medical Conditions Inappropriate use of	Follow local guidance in
	 Inappropriate use of antibiotic 	relation to responsible and
	Poor standards of	appropriate prescribing of
	infection prevention	antibiotics.
	and control	
		Use Personal Protective
	Different modes of infection	Equipment appropriately
	transmission, including:	according to their working
	 Direct human-to- human contact 	environment and situation.
	numan contact	Carry out appropriate hand
		hygiene, including hand

 Indirect contact, such as air-borne, vector-borne, and through touching contaminated equipment

Methods to enable themselves to contribute to infection control and prevention.

Their responsibilities towards infection prevention and control, including:

- Use of Personal Protective Equipment
- Hand Hygiene
- Dealing with spillages of blood and body fluids
- Dealing with sharps injuries and other occupational exposures/risks
- Management of equipment being used and the environment.

Situations where their own health and fitness could be an infection risk to others in the environment.

washing with soap and water and use of hand sanitisers.

Appropriately manage blood and bodily fluid spillages, following local policies.

Appropriately use and dispose of sharps following local policies.

Appropriately manage sharps injuries and other occupational exposures/risks, following local policies.

Manage used linen and clothing appropriately following local policies to prevent spread of infection.

Dispose of clinical waste in a safe way, including using the appropriate colour-coded waste system in their working environment.

Follow appropriate cleaning and decontamination procedures relevant to the working environment and equipment being used.

Recognise when own health and fitness may pose an infection risk and take appropriate steps to prevent the spread of infection to others.

Adult and Child safeguarding

Regulated Activity.

Abuse and its various forms (Neglect, Physical, Emotional, Sexual).

The possibility for each type of abuse within a sporting context.

The signs and indicators of abuse and neglect within a sporting environment.

The potential barriers to identification and reporting of abuse.

The Mental Capacity Act (MCA) and the framework it provides for making decisions about the care and treatment of people.

The five key principles of the MCA.

Children and those adult groups who may be at increased risk of harm.

The signs of bullying, and how to address this within an organisation.

The rights of children, and relevant legislation (The Children Acts 1989 and 2004).

The role of child protection units within the UK (e.g. Child Protection in Sport Unit (CPSU)).

Be able to complete all the components of an incident report form (e.g. CPSU template).

Identify who is responsible for adult and child safeguarding within a sporting organisation.

Perform a risk assessment for participation in local and overseas sport activity.

Identify the 5 events levels:

- 1. Organised but less formal events
- 2. Single-school or single club events
- 3. Local, multi-club/interschool sports events
- 4. Regional or national events
- 5. International events

Assist in producing a safeguarding plan for each level including reporting procedures.

Identify key steps to safeguard and protect children and young people coming from minority ethnic groups.

Detail the appropriate use of chaperones and produce a policy related to this.

Recognise, consider and address the potential safeguarding concerns

The principles of consent in children and young people.

The factors that may increase risk of harm and abuse towards elite level adolescent athletes and how to mitigate these.

Potential risk factors for harm or abuse within an adult population.

The requirement for guidelines for reporting concerns when an adult is, or may be at risk of being harmed, or is in need of protection.

The concept of capacity, and how to assess it.

Self-neglect, and challenges faced in responding to suspicions of self-neglect.

Your role in relation to domestic violence and abuse and how to respond and refer in order to support.

The importance of identifying recurrent themes in reviews and sharing the lessons learned.

The appropriate action to take in order to escalate a safeguarding concern relating to an at-risk adult or child.

associated with etechnology:

- Cyberbullying
- Sexting

Recognise the misuse of texting and social media to identify, contact or groom children and young people for abuse.

Write a parental consent form to include:

- acceptance of the code of conduct
- emergency contact numbers (at least two)
- any specific medical information or information relating to an impairment or disability.
- information about any other factors that may affect the young person (e.g. family bereavement).

Contribute to the medical aspects of a code of conduct for a team sport trip.

Help foster a culture where adults are consulted on every decision that affects them.

Respond, record and report suspicions or allegations of abuse / inappropriate behaviour correctly.

When it might be necessary to share information with other agencies and how to do this appropriately.

What safeguarding supervision is and the critical role it plays in ensuring the highest standard of care for children, young people and at-risk adults.

Review and influence policies that will reduce harm resulting from abuse, exploitation or neglect.

Influence a sporting organisation to promote a zero tolerance to risk of harm or neglect.

Encourage a sporting team or organisation to work collaboratively across sectors to promote safety and prevent harm.

Contribute and carry out risk assessments, as appropriate to your role as a Sport and Exercise Medicine (SEM) clinician.

Establish when an adult may not have capacity to consent to treatment.

Understand the role and responsibilities of an SEM practitioner in case reviews and how they may contribute to learning and application of recommendations to improve practice.

Module 3: Interdisciplinary team work

Subject Area	Knowledge	Skills
	Should be able to:	Should be able to:
Effective multi-disciplinary	The components of	Communicate with
team working	effective collaboration and	colleagues accurately,
	team working.	clearly, promptly and
		comprehensively across a
	The roles and	variety of appropriate
	responsibilities of members	communication formats.
	of the multi-disciplinary	
	healthcare team.	Utilise the expertise and
		strengths of the whole
	Factors which may	multi-disciplinary team to
	adversely affect a	optimise patient and
	healthcare professional	population care across a
	and/or a team's	variety of care settings.
	performance, as well as the	
	methods which may be	Effectively coordinate care
	employed to rectify these	across multiple agencies
	factors.	and providers to ensure
		timely and optimal clinical
	Personal and team	care.
	resilience and the impact	
	that resilience has on team	Ensure that appropriate
	effectiveness	supervision is maintained
		when delegating
		responsibility to another member of the team.
		member of the team.
		Communicate effectively
		with coaching staff,
		administrative bodies and
		support organisations.
		Support organisations.
		Demonstrate flexible and
		adaptable leadership styles
		to optimise team cohesion
		and productivity.
		,

		Support an open and transparent approach to incident and complaint investigation, management and resolution.
		Synthesise complex clinical and psychosocial information contributing to patient-centred clinical decision making in a variety of care settings.
		Demonstrate attitudes and behaviours that assist dissemination of good practice.
		Employ behavioural management skills with colleagues to prevent and resolve conflict and enhance collaboration.
Leadership, management,	The different leadership	Apply ethical principles and
supervision and	styles and evaluate their	behave in a manner in line
understanding self	strengths and weaknesses.	with their relevant
	The discount of a ffeeting	regulatory body in all roles
	The importance of effective communication and	being undertaken including leadership and
	interpersonal skills in a	management roles.
	team environment.	
		Promote diversity, equality
	The relevance of supervision, learning and	and inclusion in a range of
	development.	roles in high performance team.
	Common organisational structures in which healthcare professionals may practice team/performance medicine.	Recognise deteriorating performances of colleagues (e.g. stress/fatigue other) and develop strategies to address this

	Key principles of management and its application in team care/high performance environments. The potential impact of personal attitudes, values, beliefs, perceptions and biases (which may be unconscious) on individuals and groups.	Utilise effective negotiation and conflict resolution skills to manage conflict scenarios in a high-performance environment. Support, educate, influence and develop members of the wider multi-professional team. Develop strategies to mitigate the potential impact of personal attitudes, values, beliefs, perceptions and biases (which may be unconscious) on individuals and groups.
Continuing Professional Development (CPD), Research and Education	Basic concepts of quantitative and qualitative research methodology, including basic statistics, used commonly in scientific medical practice. The advantages and disadvantages of different research methodologies (e.g. systematic reviews, experimental, quasi-experimental and observational). The hierarchy of evidence. Methods to assess the	Appraise evidence to address a clinical question. Critically review scientific literature and apply evidence-based principles to the practice of Sport and Exercise Medicine (SEM). Evaluate limitations of research. Undertake the process of appraisal and identify the benefits of yearly review. Discuss the importance of continuing professional
	certainty of evidence. The importance of CPD and elements of appraisal. Different types of learning styles for educating others.	development and the different types of CPD. Discuss how different tools may be used to ensure all learning styles are met

	when educating individuals
	and groups.

Module 4: Specific athlete groups

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Female Athletes	Sex based differences in	Design and implement
	epidemiology of sports	appropriate injury and
	injury and medical illness.	illness prevention
		programmes specific to
	Normal hormonal	female athletes.
	fluctuations in the	
	menstrual cycle.	Advise and educate female
		athletes on the normal
	Potential impact of normal	menstrual cycle, including
	hormonal variations across	advice related to optimising
	the menstrual cycle on	training adaptation,
	athletic performance,	performance and
	training adaptations,	maximising health.
	nutritional considerations,	
	injury and illness risk.	Assess and manage a female
		athlete with medical
	Menstrual symptoms that	problems related to the
	may affect the ability to	menstrual cycle.
	train and potential impact	
	on quality of life, including	Display competence in the
	heavy menstrual bleeding,	initial investigation of a
	dysmenorrhoea,	medical condition related to
	oligomenorrhoea,	the menstrual cycle and
	amenorrhoea, pre-	awareness regarding how
	menstrual syndrome.	and when to refer to
		appropriate specialists.
	Medical conditions related	
	to the menstrual cycle such	Assess, diagnose and
	as PCOS, endometriosis and	manage a female athlete
	intermenstrual bleeding.	with RED-S.
	Relative Energy Deficiency	Refer or signpost to a
	in Sport (RED-S) including	healthcare professional with
	epidemiology, hormonal,	a special interest in mental
	bone health, medical,	health for a suspected or
	psychological and nutrition	identified eating disorder or
	aspects.	

	Medical care related to pregnancy, infertility, miscarriage and postnatal return to sport and exercise. Hormonal and non-hormonal contraception options for an athlete. Assessment and management of female athlete specific pelvic health issues including incontinence and lower urinary tract symptoms.	other psychopathology in addition to RED-S. Provide support, care and advice on sport and exercise to female athletes who become pregnant. Provide support, care and advice on return to sport and exercise for female athletes in the postnatal period. Support and appropriately refer athletes with miscarriage and fertility issues. Advise a female athlete on health and performance implications of hormonal and non-hormonal choices for contraception. Assess and advise an athlete on pelvic pain, continence and lower urinary tract symptoms and recognise when to refer to a pelvic health specialist physiotherapist.
Older Athletes	Changes in epidemiology of injury with age. The effect of ageing on	Design and implement injury prevention programmes for the older athlete.
	various organ systems and subsequent impact on athletic performance. Health considerations of exercise and injury risk; including cardiorespiratory	Design and implement specific training programmes for the older athlete, including advising on physical activity and exercise prescription with

and musculoskeletal consideration for a range of co-morbid health systems. conditions. Hormonal variations with age and impact on health Appropriately diagnose, and exercise performance; investigate and manage including perimenopause, older athletes to safely menopause, postmaximise their health and performance with menopause and consideration of hormonal testosterone variations in male athletes. variations related to age. whilst adhering to relevant Anti-doping rulings related anti-doping rules. Including to testosterone and perimenopause, hormonal supplementation. menopause, postmenopause and testosterone variations in male athletes Common conditions that Retiring and retired athletes Appropriately identify, may require an individual to diagnose and manage retire from certain sports. conditions that may require the athlete to retire from Roles of the Multisport. disciplinary Team (MDT) Work with the MDT and the and wider support network that may be involved in a athlete to assist the decision to retire from individual to make prudent sport. decisions around retirement from sport. Potential factors that may impact the athlete after Identify potential issues retirement from sport pertinent to the individual including physical, and put strategies in place psychological and to remedy their impact socioeconomic. including signposting or referring to appropriate Importance of identifying services. and then appropriately handing over medical care Explain key elements to be to the long-term caregiver. included in a written report of an individuals' injuries in Barriers that the individual the assessment of may encounter when occupational related injury.

	T	T
	transitioning from professional sport to physical activity for health.	Produce oral and written reports and electronic records to the appropriate GP, specialists and allied health professionals. Understand and identify barriers to physical activity for health in these individuals and counsel them in decision making around physical activity.
Paediatric Athletes	Anatomical and physiological differences in children and adolescents. Patterns of normal growth and development including puberty and its normal variations.	Perform a concussion assessment in a child and adolescent. Recognise and provide initial management for lifethreatening airway, breathing or circulatory compromise in children and adolescents.
	Common sports injuries in children and adolescents: Traumatic fractures Stress fractures — high and low risk Pars fractures Traction apophysitis Avulsion fractures Biomechanical problems (Medial Tibial Stress Syndrome (MTSS) and Patellofemoral pain) Concussion	Recognise and treat anaphylaxis in children and adolescents. Assess nutritional status in a child/adolescent and how to screen for disordered eating. Demonstrate the ability to seek help when required when dealing with children and adolescents and knowledge of where to seek appropriate help. Recognise and respond to psychological effects of

Common medical problems in child and adolescent athletes:

- RED-S
- Asthma
- Exercise-induced Laryngeal Obstruction (EILO)
- Fatigue and underperformance

Common psychological problems in child and adolescent athletes:

- Parental pressure
- Balancing sport and school
- Holistic development and pastoral care
- Adolescent awkwardness and motor incoordination
- Educating parents and children

How to take a history from a child/adolescent which is relevant to their presenting complaint with consideration of mechanism of injury/causative factors.

How to perform a musculoskeletal examination in a child/adolescent including interpretation and

illness and injury in children and adolescents.

Recognise the benefits of multi-disciplinary teams in care of children and adolescents.

Recognise special needs of adolescents during consultation.

Address safeguarding concerns in children and adolescents.

Work with the MDT to develop and implement a comprehensive rehabilitation plan for musculoskeletal injury in children and adolescents.

Support coaches and other members of the MDT in the development of movement and technical competencies in a chosen sport or activity. discussion of physical findings.

Investigation and management of common sports injuries and medical problems in children and adolescents.

Issues relating to consent and confidentiality in children and adolescents, including Fraser guidelines and Gillick competency.

Common causes of accidents in children and adolescents including safeguarding implications and prevention strategies.

Common safeguarding concerns in children and adolescents.

Common causes of fatigue and underperformance in paediatric athletes.

Common nutritional deficiencies and how to diagnose and manage these (Iron, Vitamin D, those associated with Relative Energy Deficiency in Sport).

Clinical presentation of young people with eating disorders.

Contraceptive and sexual health issues including sexually transmitted infections and teenage pregnancy and how to provide appropriate advice.

Features of depression in children and adolescents and when to refer to specialist services.

Causes of cardiac arrest in children, the prognostic factors that influence the outcome and how to provide basic life support and advise others.

Causes and features of anaphylaxis.

Where to find out information necessary for safe prescribing through use of paediatric formularies and pharmacy liaison.

Athlete development, including training components:

- Monitoring the paediatric athlete.
- Bio-banding.

	 Resistance training as a component of rehabilitation that is appropriate to a specific injury and the individual's age and development. 	
Para-Athletes	Epidemiology of injury and illness in para-athletes. Subtypes of Cerebral Palsy, clinical manifestations and impact on health and performance. Health considerations for medical care of spinal cord injured athletes including bowel and bladder care,	Design and implement appropriate injury and illness prevention programmes specific for para-athletes. Recognise and manage physical symptoms related to Cerebral Palsy that may impact on health and performance including hypertonia, dyskinesia and
	pressure care, skin care, thermoregulation and Autonomic Dysreflexia. Physical health considerations for nonambulant athletes including wheelchair users. Physical health considerations for upper and lower limb deficient athletes including appropriate skin hygiene and stump management.	ataxia. Support spinal cord injured and wheelchair user athletes on strategies to maximise their health through effective bowel and bladder care, pressure area management and skin hygiene. Recognise, diagnose, manage and understand the performance impact of Autonomic Dysreflexia.
	Physical, mental and social health considerations for athletes with intellectual impairments. Physical, mental and social health considerations for	Advise an athlete with an upper and/or lower limb deficiency on appropriate preventative and management strategies related to optimising skin and stump health.

	athletes with visual	Develop and implement
	impairments.	strategies to support
		athletes who may have
	Impact on health and	thermoregulatory issues to
	performance for a range of	train and compete safely in
	other para-athletic	environmentally challenging
	classifiable health	climates.
	conditions including	
	dwarfism and neurological	Maximise healthcare
	conditions including	provision and performance
	multiple sclerosis.	in athletes with an
		intellectual impairment
	Principles and process of	including appropriate
	para-athlete classification	involvement of parents and
	and categorisation in sport.	carers.
	and categorisation in sport.	carcis.
		Recognise and appropriately manage athletes with
		neurological conditions
		including functional
		_
		neurological disorders and
		the impact on health and
		para-athlete classification.
		Support a para-athlete
		through classification,
		including recognition and
		management of ethical,
		governance and moral
		issues related to
		classification.
Transgender Athletes	The World Anti-Doping	Apply knowledge and
	Agency (WADA) Anti-Doping	consider benefits and risks
	Code / The Prohibited List	of treatment and ongoing
	and how medical treatment	monitoring/screening that
	for transgender athletes	may be required in these
	may have anti-doping	athletes.
	considerations.	
		Recognise the relevance of
	The epidemiology of	these performance
	transgender athlete	characteristics and
	participation in sport.	attributes in different sports
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and their interaction with
	l .	and then interdetion with

safety and fair competition and injury risk for patient and fellow participants. Discuss with stakeholders including Clean Sport and Anti-Doping organisations, to consider the implications of medical treatments for gender transition for clean sport and transgender individuals. Understand the barriers to transgender athlete participation and an awareness of strategies to enhance participation and access to sport. Sex based categorisation in The history of female Recognise and identify the sport participation in sport and challenges of methods used the importance of and to test eligibility for the rationale for sex female category. categorisation within most sports. Recognise the lack of Understand the impact that sex categorisation in some male/female differences, particularly from puberty, sports. have on training and sports Differences between males performance. and females with respect to the development of Apply understanding of the differences between males physical, physiological and other characteristics that and females when impact on sport. conducting or applying research within sport and Common conditions, exercise medicine. collectively termed Consider current sex-based differences of sexual development (DSD). These research inequalities when include Congenital Adrenal conducting research. Hyperplasia, Androgen An awareness of the Insensitivity Syndrome, Klinefelter and Turner medical, ethical and

syndrome. Know which experts to involve in their multi-disciplinary care.

The existing eligibility policies on sex categorisation in the major sports and those in which you work. This may include separate policies related to transgender athletes or those with DSD.

The relevant legislation in this area, particularly relating to sex-based exemptions within equality legislation and the legal process of changing gender. Describe the difference between gender and sex and accurately use these terms in communication.

The impact of female categories for females in sport.

The barriers to female participation and the persisting inequalities between female and male athletes.

performance aspects of healthcare of athletes with DSD.

Apply this knowledge of performance characteristics, male/female development, medical aspects and legislation to contribute to discussions regarding fairness, safety and inclusion perspectives related to sex-based categorisation in sports.

Module 5: Specific health conditions

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
	Risk factors for suicide and a	Make a preliminary
Mental Health & Wellbeing	safe process for asking about	assessment of suicide risk
	risk of suicide.	and draw up a safety plan
		with an athlete in distress;
	Aspects of athletes' unique	collaborate with an athlete
	experiences that are relevant	to include contingencies
	to risk to self-harm and suicide	that reduce risk specific to
	in sport.	the sporting environment
		(e.g. whilst away on tour).
	Common mood disorders and	
	common precipitants for	Make preliminary
	mental health disorders in	assessments of these
	athletes.	issues; know which
		screening tests might be
	Concepts of athletic identity	helpful to offer an athlete
	and transition that arise in	with low mood; be able to
	athletes at different stages of	discuss some basic mood
	their sporting journeys.	management strategies;
		know when to refer for
	The relationship between	specialist assessment.
	injury and mental health and	
	wellbeing.	Discuss with an athlete in
		an informed way some of
	Harassment and abuse, the	the key psychological issues
	effects of trauma on mental	related to injury, pain and
	health; outline key features of	mental ill health in athletes;
	Post Traumatic Stress Disorder	know when to refer to a
	(PTSD).	clinical psychologist or
		sports psychiatrist.
	The relationship between	
	sleep, sleep disorder and	Use safeguarding processes;
	mental wellbeing.	know when to refer an
	_	athlete to a mental health
	Typical presentation of	practitioner following
	Attention Deficit Hyperactivity	traumatic experiences.
	Disorder (ADHD), including the	

process UK Anti-Doping (UKAD) use to grant a Therapeutic Use Exemption (TUE).

The range of substance use and behavioural disorders that arise in athletes; understand how these may present differently in professional sport; outline and understand common substances and behaviours involved; discuss the organisations and approaches that may offer help and support in their sport.

Low energy availability, disordered eating, eating disorder and Relative Energy Deficiency in Sport (RED-S).

Differences of competitive anxiety (and choking) from clinically significant presentations of anxiety such as panic disorder, social anxiety, generalised anxiety disorder.

Concepts of psychological safety and mentally healthy team environments.

Offer advice about sleep hygiene; know when to refer for further assessment; explain an outline of Cognitive Behavioural Therapy for Insomnia (CBT-I) principles for an athlete who might need referral for this.

Show an awareness of the diagnostic requirements in athletes with ADHD and its relationship to TUE.

Gain an athlete's confidence in this topic area; ask with sensitivity the key screening questions that relate to uncovering substance use problems and related behavioural disorders.

Know which screening tests might be helpful in relation to food, body image and energy availability; know when and how to refer for specialist assessment.

Know which screening tests might be helpful to offer an anxious athlete; be able to discuss some basic anxiety management strategies; know when to refer for specialist assessment.

Notice power dynamics in teams; reflect on and notice mentally unhealthy or unsafe environments in teams; know when to

	T	
		whistle blow or intervene; use peers and other
		professional support to
		manage ethical dilemmas
		and challenges in sport.
		and chancinges in sport.
Sports related concussion	The basic anatomy of the skull,	Clear the cervical spine on
	meninges and cerebrum.	field and in a training environment.
	Concussion and the pathology	
	of concussion, sub-concussive	Perform a pitch side and
	impact and head acceleration	clinic room examination of
	load.	the face and eye.
	The epidemiology of	Perform a SCAT
	concussion.	assessment.
	Natural history of concussion	Perform a VOMS
	including potential	assessment.
	mechanisms, loss of	
	consciousness and late	Perform a SCOAT
	presentations.	assessment.
	Potential short-, medium- and	Design a GRTP for an
	long-term complications of	adolescent athlete referring
	concussion.	to current international
		guidelines.
	National and international	
	concussion consensus	Design a GRTP for an adult
	statements and guidelines;	athlete referring to current
	including Digital, Culture,	international guidelines.
	Media and Sport Select	
	Committee (DCMS),	
	Amsterdam and National	
	Institute for Health and Care	
	Excellence (NICE).	
	Preventative measures that	
	may reduce the occurrence or	
	severity of concussion. For	
	example, neck strength,	
	nutrition (creatine, omega 3	
	oils), protective equipment,	
	law changes.	
		ı

The assessment of Head injury as the presenting complaint with concussion as a final diagnosis. e.g. the need to assess for concurrent facial fracture, cervical spine fracture, eye injury, extra-Dural haematoma, dental injury and laceration and avoid confirmation bias when assessing.

On-field recognition and "if in doubt sit them out" approach

Tools and tests to aid the clinical diagnosis of concussion. e.g. Sport Concussion Assessment Tool (SCAT), Sport Concussion Office Assessment Tool (SCOAT), Vestibular Ocular Motor Screening (VOMS) and Computerised Neurocognitive tests.

Pre-hospital indications for transfer to hospital and CT scanning. e.g. NICE guidelines.

Safety netting and the importance of early (written) advice post-diagnosis.

An "Enhanced setting" for concussion management.

Principals of concussion management, rehabilitation and the Graduated Return to Play (GRTP).

Concussion modifiers and special groups e.g. Females, Adolescents. Definitions of persisting concussion symptoms and common causes. Clinic based advice for patients with persisting concussive symptoms. Principles of injury patterns for common sports. Principles of injury patterns for common sports. Red flags associated with any injury and indications for referral for emergency assessment in hospital. A range of common injuries in terms of structures involved, relevant local and distant anatomy and pathology of that injury. Principles and phases of the healing process with an emphasis on the first 2 weeks (Protection, Optimal Loading, Ice, Compression, Elevation (POILCE)). Principles and functions in injury management. Indications for use of diagnostics throughout the post-injury and rehabilitation period. Discuss with appropriate team non-medical colleagues the nature of the and consent within a team environment in relation to injury. Discuss with appropriate team non-medical colleagues the nature of the and consent within a team environment in relation to injury. Discuss with appropriate team non-medical colleagues the nature of the action.			
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management. Indications for use of diagnostics throughout the post-injury and rehabilitation environment in relation to injury. Discuss with appropriate team non-medical		• •	•
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Indications for use of diagnostics throughout the post-injury and rehabilitation The diagnostics throughout the post-injury and rehabilitation The diagnostics throughout the post-injury and rehabilitation The diagnostics throughout the post-injury and rehabilitation		management.	
diagnostics throughout the post-injury and rehabilitation team non-medical		la diantia na faut a a f	injury.
post-injury and rehabilitation team non-medical			
		_	
period. colleagues the nature of the		post-injury and rehabilitation	team non-medical
		period.	colleagues the nature of the

Principles of rehabilitation and able to relate rehabilitation/exercise modalities/types to specific injuries.

Principles of tissue load, adaptation to load and mechanotransduction.

Principles of aerobic, anaerobic and strength training.

The effect of psychosocial factors on injury management and recovery from injury.

The place/value/evidence for adjunct therapies including but not limited to electrotherapy, mobilisations, hydrotherapy, shockwave.

Indications and contraindications for use of drugs in immediate post-injury period and during rehabilitation.

The use and pros/cons of a variety of injection therapies during rehabilitation including but not limited to corticosteroid, Platelet Rich Plasma (PRP), viscosupplementation, prolotherapy.

Indications for surgical treatment in injury management.

injury, plan, milestones and expected return to play.

Know when and how to seek help, consult with peers where complex challenging problems.

Discuss and refer an athlete to a hospital and/or consultant e.g. for emergency management or elective surgical consideration.

Effectively communicate regarding injury prognosis and Return to Play (RTP) with an athlete and discuss appropriate supportive measures.

Risk assess return to play taking into account all factors internal and external to the athlete.

Explain pros/cons of return to play at any specific time to athletes and coaches and be part of an informed pragmatic decision from all parties.

Document all assessments, opinions, discussions, and decisions in a suitable patient record.

Audit injury patterns in your group of athletes, identify any recurring injury themes or causes and produce an injury prevention plan in

Principles behind return to play decisions and risk management related to the evidence-base.

The nature and implications of career ending injuries for athletes.

Current regulations around anti-doping matters when considering medication or injection therapy proposed in injury management. The current World Anti-Doping Agency (WADA) code and UKAD regulations.

partnership with relevant colleagues.

Develop an injury prevention protocol for the team in association with colleagues.

Explain to an athlete, coach or colleague how to gain further information regarding proposed medication as part of injury rehabilitation.

Performance threat management related to health conditions The concept of performance threat management related to health conditions when managing an athlete or team.

The complex interplay of all members of the medical team and coaching staff in managing performance threat.

How common medical conditions will affect performance including, but not limited to:

- Asthma.
- Diabetes.
- ADHD.
- Epilepsy.
- Allergy and anaphylaxis.
- Exercise induced Laryngeal obstruction (EILO).
- Common viral infections including

Design and lead an integrated Multidisciplinary Team (MDT) approach to:

- Risk assessment
- Implementation of mitigating actions
- Review of performance threat management related to a specific medical condition prior to preseason training

	T	
	respiratory and	
	gastrointestinal	
	infections.	
Effect of exercise on	The basic effects of acute	Design policy,
immune health,	exercise on innate and	recommendations and
inflammation and recovery	adaptive immune function.	strategies to mitigate
strategies		threats to immunity around
	Controversy surrounding the	periods of intense exercise,
	"open window" theory of	travel or competition.
	intense exercise leading to	
	temporary	Reassure and educate
	immunosuppression.	ageing athletes and teams
		on the longer-term benefits
	What factors other than	of continued exercise and
	intense exercise affect	participation on immunity
	immune function in team	and cardiovascular health.
	athletes e.g., travel, stress,	
	sleep, exposure to novel	Design multimodal MDT
	pathogens.	recovery strategies for an
		athlete/team around
	The long-term benefits of	training, performance and
	exercise on immune function.	travel dependant on
		resources.
	The basic principles of how	
	exercise may reduce long term	Design and implement a
	inflammation and hence	sleep strategy for an
	reduce risk of cardiovascular	athlete/team taking in to
	and other disease.	account usual training diary,
		competition dates and
	The various techniques, tools	travel including domestic
	and principles behind recovery	and international.
	from exercise and its	
	effectiveness including; DOMS,	
	Perceived fatigue, Creatine	
	Kinase and Inflammatory	
	markers, Massage, Immersion,	
	Compression, Cryotherapy and	
	Active Recovery.	
	The effective and the st	
	The effects on athletic	
	performance of sleep	
	deprivation and recognising	
	potential sleep disorders.	

The effects on athletic performance of sleep extension.	
The effects of travelling across time zones or latitude on sleep and performance.	
The basic principles of good sleep hygiene.	

Module 6: Duties of the medical team

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Anti—doping and effect of	Historical context of	Use Global Drug Reference
medication and	prohibited substance use in	Online (DRO) and Informed
supplementation on sports	sport and development of	sport websites to assist in
performance	national and international	assessment of risk and
	Anti-Doping strategies.	advice on medication and supplement use to
	Development and details of	individuals in different
	the World Anti-Doping	sports – both in and out of
	Agency (WADA) prohibited list.	competition.
		Identify when and how to
	How to carry out an	apply for a Therapeutic Use
	assessment of the risk of	Exemption (TUE) and
	medication use, both in and	specific requirements
	out of competition, in order	including Hay Fever,
	to correctly identify	Asthma, Attention Deficit
	prohibited use.	Hyperactivity Disorder
		(ADHD), Adrenaline auto-
	Clean sport values and how	injectors, Diabetes and
	support staff and athletes	Glucocorticoids.
	can raise concern and	
	protect clean sport.	Provide team based
		educational support related
	Different types of Anti-	to Anti-Doping and
	Doping Rule Violations	supplement use.
	(ADRVs) and their potential	
	consequences.	Advise and support an
		individual athlete on aspects
	Current UK Anti-Doping	of anti—doping and
	education strategy and	supplement use.
	courses for athletes and	
	support staff.	Support an athlete through the Anti-Doping testing,
	Principles of assessing need,	doping control process and
	assessing risk and assessing	follow up in the event of an
	consequence related to	ADRV.
	supplement use.	

	Supplements that may contribute towards optimum athletic health and performance. Dosing regimens, risks and side effects of non-prohibited performance enhancing supplements. Athletic performance impacts of prescribed medication and alternatives to commonly prescribed medication.	Identify and advise an athlete on potential performance and adverse health impacts of prescribed medication, supplements and herbal remedies.
Travelling with a team	The process of planning medical requirements for a sporting competition overseas.	Liaise prior to travel with local medical teams, healthcare facilities, emergency services and imaging facilities.
	Medical screening of travelling party & necessary insurance requirements. Requisition of appropriate	Plan for hospitalisation of athletes or party members and repatriation.
	medical supplies, medications & awareness of potential customs issues in appropriate country. Immunisation requirements	Recognise the planning implications for taking a team abroad including an advance reconnaissance trip and who should attend.
	and local disease prevalence. Time zone travel and recovery implications; including jet lag, travel	Understand why medical screening of the travel party is so important and understand the process
	fatigue and management of these issues. The process of emergency action planning including	involved. Demonstrate understanding of insurance requirements –

hotel, training and match personal, medical and travel. venues. Source appropriate medications and operate a robust medicines management policy to enable travel overseas. Understand the customs requirements for travel with medicines and how they vary from country to country. Provide up-to-date immunisation advice to the whole travelling party well in advance of the proposed trip. Research and educate travelling party regarding indigenous diseases and local health risks of country travelling to. Have knowledge of risks to athlete of foreign travel, particularly regarding travel through time zones. Implications for training and recovery post-travel. Devise a specific programme to reduce the risks associated with jet lag in order to minimise

		disruption to the athlete and team.
		Put in place an appropriate Emergency Action Plan(EAP) and demonstrate an awareness of the items that need to be included in such a plan. To include variations of such EAP's for hotel, training ground & playing venue.
		Demonstrate ability to activate prior medical planning in terms of utilising local medical support, emergency transport services, emergency medical supplies, imaging as required.
		Put in place plans for hospitalisation of injured players / ill staff including how this is funded at the point of care. Have appropriate plans in place for prolonged hospitalisation of players / staff and steps needed to arrange emergency repatriation of athletes back to the UK.
Event planning and preparation including field of play medical care	Risk assessment relating to the sport involved – frequency & severity of trauma, common injuries, number of competitors /	Identify high-risk sports requiring pitch side trauma support.

potential casualties, size of field of play.

Risk assessment relating to venue – accessibility of field of play, relative location to Emergency Department & Trauma centre, access routes for ambulance/helicopter.

Risk assessment relating to environment – hazards (e.g. body of water), heat/humidity levels, altitude, air quality, infectious disease outbreak.

Considerations for medical team staff planning (Green Guide) – number required, role & skill mix, qualifications & experience levels, methods of communication.

The importance of not overburdening local NHS services.

The role of pre-event information sharing, team briefing & emergency scenario practice.

Medical supply requirements – facilities, diagnostics, Automated External Defibrillator (AED), oxygen, Personal protective equipment (PPE), trauma bag contents, emergency medications, number of kits.

Calculate minimum required medical staffing for sports grounds.

Create risk assessment & emergency action plan for venue and sporting event.

Establish minimum standards of medical equipment required for a sporting event.

Identify risk and develop strategies to prevent and manage heat illness.

Appropriately assess, manage and refer the following:

- Dental injuries sustained on the field of play.
- Skin wounds sustained on the field of play.

	Maintenance, storage & regulations relating to emergency equipment & medication. Methods & medicolegal regulations for medical record keeping at & post-	
	event. The role of pre-event screening & medical histories (SAMPLE).	
	The role of medical policy for large events – emergency action plans, infectious diseases, major incident plan.	
	The role of post-event reflection & debrief.	
Athlete monitoring, profiling and screening for health and performance	The principles of athlete monitoring, profiling and screening. Common injuries and	Develop and implement athlete monitoring and profiling programs that may help to optimise health and performance.
	medical conditions affecting athletes and evidence based profiling and preventative strategies.	Conduct medical screening and assessment for athletes.
	The ethical and legal considerations associated with sport team care.	Provide emergency medical care and injury management on and off the field.
	Governing body standards and frameworks around monitoring and screening.	Demonstrate different techniques for measuring physical fitness and
	The ethical and legal considerations associated	performance.

with providing medical care Demonstrate methods for to athletes. monitoring training load and recovery. Demonstrate strategies for developing athlete profiles and managing injuries. Demonstrate techniques for conducting medical screening and assessment. Have the ability to use diagnostic tools and imaging technology in the assessment of an athlete. Collaborate with other healthcare professionals in the data collection and management of profiling, screening and performance.