Faculty of Sport and Exercise Medicine UK

Diploma in Team Care Syllabus



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Executive Summary

Sport and Exercise Medicine (SEM) is a medical speciality which incorporates aspects of musculoskeletal medicine, exercise medicine and team care. There is no current international consensus on the optimal assessment or qualification required to demonstrate a minimum level of skills and knowledge for healthcare professionals working in elite sport. This creates uncertainty and variability in recruitment of appropriately qualified and experienced staff.

This Faculty of Sport and Exercise Medicine UK Team Care Diploma aims to provide the worldwide recognised assessment of the minimum required skills and knowledge for healthcare professionals providing care in an individual and/or team sport environment. It is intentionally broad and aims to represent the extremely varied and often challenging nature of working as a healthcare professional in a high-performance sport setting.

Syllabus modules cover the breadth of potential work demands including significant focus on clinical governance, interdisciplinary team working, ethical and moral dilemmas. There are also modules that focus on key clinical aspects of working with specific groups of athletes, dealing with specific health complaints that athletes may present with and other non-clinical demands that may be required of the medical team.

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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	
	elite sport such as	Work with pharmacists and
	international travel.	other healthcare
		professionals to facilitate
	Anti-doping rulings related	best practice in medicine's
	to all matters of medicines	management including the
	management.	use of Patient Specific
		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
	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	Apply the principles of good
	regulated practitioners.	practice in relation to
	The current laws and best	various sports medicine
	practice guidance relating to	scenarios in areas of
	consent and confidentiality.	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 choosing appropriate questionnaire and data analysis methods for sports and performance related problems. The key considerations to interpret quantitative results. What data protection legislation (UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018) exists and the core themes and 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.	Apply the 7 basic GDPR principles to data processing. Understand what constitutes the following and the processes that occur following these: • Data breaches • Subject access requests Identify the correct places and people to get help with assessing, mitigating, and reporting data risks and incidents.

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Regulation of healthcare (An example of a relevant organisation is the Care Quality Commission in	The purpose of organisations that regulate health and social care.	Identity if a facility is required to register with an independent regulatory 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 elite sports environments.	Understand how to report concerns to an independent regulator about healthcare
	The type(s) of publications	provision.
	and assessments produced	
	by an independent regulator.	Apply equality and human rights when providing
		healthcare and ensure these
	The role of equality and	are protected in the elite
	human rights in the work of an independent regulator.	sport and exercise medicine environment.
Infection Control	National and local	Follow appropriate national
	guidelines, policies and	and local guidelines, policies
	procedures relevant to infection control and	and procedures relevant to infection control and
	prevention.	prevention.
	procession.	procession.
	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 immunityMedical Conditions	their individual factors.
	Inappropriate use of	Follow local guidance in
	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-	environment and situation.
	human 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.
		Communicate effectively
		with coaching staff,
		administrative bodies and
		support organisations.
		Demonstrate flexible and
		adaptable leadership styles
		to optimise team cohesion
		and productivity.
		and productivity.
		Support an open and
		transparent approach to
		incident and complaint

		investigation, management and resolution.
		and resolution.
		Synthesise complex clinical
		and psychosocial
		information contributing to
		patient-centred clinical
		decision making in a variety of care settings.
		or care securigs.
		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
		regulatory body in all roles
	The importance of effective	being undertaken including
	communication and	leadership and
	interpersonal skills in a team environment.	management roles.
	team environment.	Promote diversity, equality
	The relevance of	and inclusion in a range of
	supervision, learning and	roles in high performance
	development.	team.
	Common organisational	Pacagnica datariarating
	structures in which	Recognise deteriorating performances of colleagues
	healthcare professionals	(e.g. stress/fatigue other)
	may practice	and develop strategies to
	team/performance	address this
	medicine.	
		Utilise effective negotiation
	Key principles of	and conflict resolution skills
	management and its	to manage conflict scenarios
	application in team	

	T	T
	care/high performance	in a high-performance
	environments.	environment.
	The potential impact of	Support, educate, influence
	personal attitudes, values,	and develop members of
	beliefs, perceptions and	the wider multi-professional
	biases (which may be	team.
	· ·	team.
	unconscious) on individuals	De electricismo
	and groups.	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	Basic concepts of	Appraise evidence to
Development (CPD),	quantitative and qualitative	address a clinical question.
Research and Education	research methodology,	·
	including basic statistics,	Critically review scientific
	used commonly in scientific	literature and apply
	•	· · ·
	medical practice.	evidence-based principles to
		the practice of Sport and
	The advantages and	Exercise Medicine (SEM).
	disadvantages of different	
	research methodologies	Evaluate limitations of
	(e.g. systematic reviews,	research.
	experimental, quasi-	
	experimental and	Undertake the process of
	observational).	appraisal and identify the
	,	benefits of yearly review.
	The hierarchy of evidence.	
	The incrarcity of evidence.	Discuss the importance of
	Mothodotopossostha	
	Methods to assess the	continuing professional
	certainty of evidence.	development and the
		different types of CPD.
	The importance of CPD and	
	elements of appraisal.	Discuss how different tools
		may be used to ensure all
	Different types of learning	learning styles are met
	styles for educating others.	when educating individuals
		and groups.
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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
	Detential impact of normal	
	Potential impact of normal hormonal variations across	menstrual cycle, including
		advice related to optimising
	the menstrual cycle on	training adaptation,
	athletic performance,	performance and
	training adaptations,	maximising health.
	nutritional considerations,	Assess and manage a female
	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	menstruar cycle.
	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.	other psychopathology in
		addition to RED-S.

	Medical care related to	Provide support, care and
	pregnancy, infertility,	advice on sport and exercise
	miscarriage and postnatal	to female athletes who
	return to sport and exercise.	become pregnant.
	Hormonal and non- hormonal contraception options for an athlete. Assessment and management of female	Provide support, care and advice on return to sport and exercise for female athletes in the postnatal period.
	athlete specific pelvic health issues including incontinence and lower urinary tract symptoms.	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 various organ systems and	Design and implement injury prevention programmes for the older athlete.
	subsequent impact on athletic performance.	Design and implement specific training programmes for the older
	Health considerations of exercise and injury risk; including cardiorespiratory and musculoskeletal systems.	athlete, including advising on physical activity and exercise prescription with consideration for a range of co-morbid health conditions.

Hormonal variations with age and impact on health and exercise performance; including perimenopause, menopause, postmenopause and testosterone variations in male athletes.

Anti-doping rulings related to testosterone and hormonal supplementation.

Appropriately diagnose, investigate and manage older athletes to safely maximise their health and performance with consideration of hormonal variations related to age, whilst adhering to relevant anti-doping rules. Including perimenopause, menopause, postmenopause and testosterone variations in male athletes

Retiring and retired athletes

Common conditions that may require an individual to retire from certain sports.

Roles of the Multidisciplinary Team (MDT) and wider support network that may be involved in a decision to retire from sport.

Potential factors that may impact the athlete after retirement from sport including physical, psychological and socioeconomic.

Importance of identifying and then appropriately handing over medical care to the long-term caregiver.

Barriers that the individual may encounter when transitioning from professional sport to physical activity for health.

Appropriately identify, diagnose and manage conditions that may require the athlete to retire from sport.

Work with the MDT and the athlete to assist the individual to make prudent decisions around retirement from sport.

Identify potential issues pertinent to the individual and put strategies in place to remedy their impact including signposting or referring to appropriate services.

Explain key elements to be included in a written report of an individuals' injuries in the assessment of occupational related injury.

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.	Perform a concussion assessment in a child and adolescent.
	Patterns of normal growth and development including puberty and its normal variations.	Recognise and provide initial management for life-threatening 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	Recognise and treat anaphylaxis in children and adolescents. Assess nutritional status in a child/adolescent and how to screen for disordered eating.
	 Biomechanical problems (Medial Tibial Stress Syndrome (MTSS) and Patellofemoral pain) Concussion 	Demonstrate the ability to seek help when required when dealing with children and adolescents and knowledge of where to seek appropriate help.
	Common medical problems in child and adolescent athletes:	Recognise and respond to psychological effects of illness and injury in children and adolescents.

- 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 discussion of physical findings.

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

		,
	other para-athletic classifiable health conditions including dwarfism and neurological	train and compete safely in environmentally challenging climates.
	conditions including multiple sclerosis. Principles and process of para-athlete classification and categorisation in sport.	Maximise healthcare provision and performance in athletes with an intellectual impairment including appropriate involvement of parents and carers.
		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 Agency (WADA) Anti-Doping Code / The Prohibited List and how medical treatment for transgender athletes may have anti-doping considerations.	Apply knowledge and consider benefits and risks of treatment and ongoing monitoring/screening that may be required in these athletes.
	The epidemiology of transgender athlete participation in sport.	Recognise the relevance of these performance characteristics and attributes in different sports and their interaction 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

Sex based categorisation in sport

The history of female participation in sport and the importance of and rationale for sex categorisation within most sports. Recognise the lack of sex categorisation in some sports.

Differences between males and females with respect to the development of physical, physiological and other characteristics that impact on sport.

Common conditions, collectively termed differences of sexual development (DSD). These include Congenital Adrenal Hyperplasia, Androgen Insensitivity Syndrome, Klinefelter and Turner syndrome. Know which experts to involve in their multi-disciplinary care.

Recognise and identify the challenges of methods used to test eligibility for the female category.

access to sport.

Understand the impact that male/female differences, particularly from puberty, have on training and sports performance.

Apply understanding of the differences between males and females when conducting or applying research within sport and exercise medicine.

Consider current sex-based research inequalities when conducting research.

An awareness of the medical, ethical and performance aspects of healthcare of athletes with DSD.

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.

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	Office advice at a 1
	process UK Anti-Doping	Offer advice about sleep
	(UKAD) use to grant a	hygiene; know when to
		refer for further

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.

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 whistle blow or intervene; use peers and other professional support to

		manage ethical dilemmas and challenges in sport.
Sports related concussion	The basic anatomy of the skull, meninges and cerebrum.	Clear the cervical spine on field and in a training environment.
	Concussion and the pathology of concussion, sub-concussive impact and head acceleration load.	Perform a pitch side and clinic room examination of the face and eye.
	The epidemiology of concussion.	Perform a SCAT assessment.
	Natural history of concussion including potential mechanisms, loss of	Perform a VOMS assessment.
	consciousness and late presentations.	Perform a SCOAT assessment.
	Potential short-, medium- and long-term complications of concussion.	Design a GRTP for an adolescent athlete referring to current international guidelines.
	National and international concussion consensus statements and guidelines; including Digital, Culture, Media and Sport Select Committee (DCMS), Amsterdam and National Institute for Health and Care Excellence (NICE).	Design a GRTP for an adult athlete referring to current international guidelines.
	Preventative measures that may reduce the occurrence or severity of concussion. For example, neck strength, nutrition (creatine, omega 3 oils), protective equipment, law changes.	
	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	Typical epidemiological injury	Observe and assess
management and	patterns for common sports.	mechanism of injury and
rehabilitation	patterns for common sports.	structures likely to be
Terrabilitation	Immediate injury management	involved either through
		<u>=</u>
	on the field of play and in the	direct injury observation or
	immediate post injury period.	on video replay.
	Red flags associated with any	Draw up a rehabilitation
	injury and indications for	plan in partnership with
	referral for emergency	other health professionals
	assessment in hospital.	and the injured athlete.
	A range of common injuries in	Discuss with the athlete the
	terms of structures involved,	nature of the injury,
	relevant local and distant	rehabilitation plan,
	anatomy and pathology of that	estimated key milestones
	injury.	and safety netting and
		reasons to re-assess.
	Principles and phases of the	
	healing process with an	Explore athlete ideas,
	emphasis on the first 2 weeks	concerns and expectations
	(Protection, Optimal Loading,	and satisfy these through
	Ice, Compression, Elevation	education and explanation.
	(POLICE)).	Cadcation and Capitaliation.
	(1 OLICE)).	Understand principles of
	The multi dissiplina in the con-	Understand principles of
	The multi-disciplinary team	patient confidentiality and
	roles and functions in injury	consent within a team
	management.	environment in relation to
		injury.
	Indications for use of	
	diagnostics throughout the	Discuss with appropriate
	post-injury and rehabilitation	team non-medical
	period.	colleagues the nature of the
		injury, plan, milestones and
	Principles of rehabilitation and	expected return to play.
	able to relate	
	rehabilitation/exercise	
	2 2.2	

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.

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

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 partnership with relevant colleagues.

The nature and implications of Develop an injury career ending injuries for prevention protocol for the athletes. team in association with colleagues. Current regulations around anti-doping matters when Explain to an athlete, coach considering medication or or colleague how to gain injection therapy proposed in further information injury management. The regarding proposed current World Anti-Doping medication as part of injury Agency (WADA) code and rehabilitation. UKAD regulations. The concept of performance Design and lead an Performance threat management related to threat management related to integrated Multihealth conditions health conditions when disciplinary Team (MDT) managing an athlete or team. approach to: Risk assessment The complex interplay of all Implementation of members of the medical team mitigating actions and coaching staff in managing Review of performance threat. performance threat management How common medical related to a specific conditions will affect medical condition performance including, but not prior to preseason limited to: training Asthma. Diabetes. ADHD. Epilepsy. Allergy and anaphylaxis. Exercise induced Laryngeal obstruction (EILO). Common viral infections including respiratory and gastrointestinal infections.

Effect of exercise on immune health, inflammation and recovery strategies

The basic effects of acute exercise on innate and adaptive immune function.

Controversy surrounding the "open window" theory of intense exercise leading to temporary immunosuppression.

What factors other than intense exercise affect immune function in team athletes e.g., travel, stress, sleep, exposure to novel pathogens.

The long-term benefits of exercise on immune function.

The basic principles of how exercise may reduce long term inflammation and hence reduce risk of cardiovascular and other disease.

The various techniques, tools and principles behind recovery from exercise and its effectiveness including; DOMS, Perceived fatigue, Creatine Kinase and Inflammatory markers, Massage, Immersion, Compression, Cryotherapy and Active Recovery.

The effects on athletic performance of sleep deprivation and recognising potential sleep disorders.

The effects on athletic performance of sleep extension.

Design policy, recommendations and strategies to mitigate threats to immunity around periods of intense exercise, travel or competition.

Reassure and educate ageing athletes and teams on the longer-term benefits of continued exercise and participation on immunity and cardiovascular health.

Design multimodal MDT recovery strategies for an athlete/team around training, performance and travel dependant on resources.

Design and implement a sleep strategy for an athlete/team taking in to account usual training diary, competition dates and travel including domestic and international.

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	competition.
	list.	
		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
	Current III/ Anti Dening	individual athlete on aspects
	Current UK Anti-Doping	of anti—doping and
	education strategy and courses for athletes and	supplement use.
		Support an athlete through
	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.	,
	Sapplement doc.	Identify and advise an
		athlete on potential
		annote on potential

	Τ	
	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.	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. Medical screening of travelling party & necessary insurance requirements.	Liaise prior to travel with local medical teams, healthcare facilities, emergency services and imaging facilities. Plan for hospitalisation of
	Requisition of appropriate medical supplies, medications & awareness of potential customs issues in	
	appropriate country. Immunisation requirements and local disease prevalence.	implications for taking a team abroad including an advance reconnaissance trip and who should attend.
	Time zone travel and recovery implications; including jet lag, travel fatigue and management of these issues.	Understand why medical screening of the travel party is so important and understand the process involved.
	The process of emergency action planning including	Demonstrate understanding of insurance requirements – personal, medical and travel.

hotel, training and match 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 / potential casualties, size of field of play.	Identify high-risk sports requiring pitch side trauma support. Calculate minimum required medical staffing for sports grounds.

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.

Maintenance, storage & regulations relating to

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.

	emergency equipment & medication.	
	Methods & medicolegal regulations for medical record keeping at & postevent.	
	The role of pre-event screening & medical histories (SAMPLE).	
	The role of medical policy for large events – emergency action plans, infectious diseases, major	
	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. The ethical and legal	Demonstrate different techniques for measuring physical fitness and performance.
	considerations associated with providing medical care to athletes.	Demonstrate methods for 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.