



Faculty of Sport and
Exercise Medicine UK



PROFESSIONAL CODE

Excellence in Musculoskeletal Medicine,
Exercise Medicine and Team Care

www.fsem.ac.uk



Faculty of Sport and Exercise Medicine UK

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Table of Contents

| | |
|----------|---|
| Foreword | 1 |
|----------|---|

| | |
|--------------|---|
| Introduction | 2 |
|--------------|---|

| | |
|-----------------------------------|---|
| Knowledge, skills and development | 3 |
|-----------------------------------|---|

| | |
|---|---|
| Patients, partnership and communication | 6 |
|---|---|

| | |
|--------------------------------|----|
| Colleagues, culture and safety | 10 |
|--------------------------------|----|

| | |
|---------------------------|----|
| Trust and professionalism | 13 |
|---------------------------|----|





Foreword



The 4th Edition of the Faculty of Sport and Exercise Medicine UK (FSEM) Professional Code is an important document for any doctor working in Sport and Exercise Medicine. The Professional Code maps the duties and responsibilities of a doctor working in sport to the GMC Document Good Medical Practice and provides clear advice and guidance.

The doctors on the FSEM Council endorsed this document unanimously at their meeting on 10th December 2024, as did the FSEM Board on 22nd January 2025. I am extremely grateful to the following doctors & the staff of the Faculty for their work updating this important document:

Drs. Eva Carneiro, Charlotte Cowie, Niall Elliott, Neil Heron, Pria Krishnasamy & Roderick Jaques.

Dr David Pugh (Chair of Professional Code rewrite)



This document was published in February 2025 and will be updated as circumstances dictate. If you are reading a printed copy please check our website to ensure that you are using the most up to date version - www.fsem.ac.uk



Introduction



This Professional Code is for Members and Fellows of the Faculty of Sport and Exercise Medicine UK (FSEM) but should also apply to both Diplomate Members & Associate Members of the Faculty.

The fundamental professional obligations of a Member or Fellow of the FSEM as well as Diplomates & Associate Members are no different to those duties of any other doctor registered with the General Medical Council UK or equivalent professional Regulatory bodies. The Code should be read in conjunction with the latest General Medical Council's (GMC) guidelines and is similarly formatted.

This Professional Code serves to fill in for some areas of clinical practice inside Sport and Exercise Medicine, which may require further clarification for Members, Fellows, Diplomates & Associates. Where there is any doubt Members, Fellows, Diplomates & Associates are urged to seek guidance from their medical indemnity providers as to their professional conduct.

The GMC's Good Medical Practice summarises the duties of a Doctor registered with the GMC in four key domains:

1. Knowledge, skills and development
2. Patients, partnership and communication
3. Colleagues, culture and safety
4. Trust and professionalism

Similar to the GMC Good Medical Practice the FSEM Professional code has used the terms:

- **'you must'** as an overriding duty or principle
- **'you should'** as an explanation of how you will meet that principle or when there are factors outside your control on how you should proceed.

Dr David Pugh

Suitable Person & Chair of Appraisal & Revalidation (2016 - 2025)



1 | Knowledge, skills and performance

You must:

- 1.1 Treat colleagues with kindness, courtesy and respect.
- 1.2 Ensure you have the necessary knowledge and skills to provide the highest standard of medical care for your patient. This includes not only clinical knowledge, but keeping up to date with guidelines, regulatory and organisational documents and developments that are required for you to fulfil your professional role.
- 1.3 Maintain your continued professional development, taking steps to monitor, maintain, develop, and improve your performance and the quality of your work. Each annual professional appraisal must assess the full scope of your practice as a doctor including administrative, research and clinical work.
- 1.4 Provide medical care without discrimination and consider each individual's views, needs and values. It is unlawful to discriminate because of a protected characteristic.
- 1.5 Provide the most appropriate type of assessment for your patient, whether that be a physical examination, a face-to-face consultation, online consultation or phone call, and ensure that regardless of how this takes place, appropriate contemporaneous medical records are noted.
- 1.6 Promptly provide the necessary investigation, treatment, diagnosis and prescription for your patient, bearing in mind specific individual circumstances, which may include awareness of Therapeutic Use Exemption (TUE) requirements, anti-doping whereabouts notification and specific regulations within that patient's sport, including implications for classification in para sport.



- 1.7 Maintain your professional autonomy regardless of third-party pressures.
- 1.8 Aim to understand the technical, mental and physical skills involved in the training and competition requirements of your patient to participate in sport or an exercise regime.
- 1.9 Clarify the role, responsibilities, contract and indemnity insurance in advance of taking up a new post to ensure you are adequately equipped for the duties you are undertaking. This includes the sports specific needs, promptly recognising and working within the limits of your competence and referring to appropriately skilled colleagues where the needs of your patient, or the requirements of your role, exceed these limits.
- 1.10 Ensure that you have appropriate and adequate (refer to GMC good medical practice guidelines regarding appropriate cover) indemnity protection against damages, claimant's costs and defence costs relating to a claim brought by a patient's employer, club, agent, sponsor or event organiser in relation to alleged negligent treatment of a patient. You should discuss indemnity options with your employer and medical defence organisation. Indemnity insurance may only cover you for claims made by the patient, and not by your club, agent, sponsor or other. Ensure that you also understand how you will be covered against historic claims once you have left a post, and the extent of any 'run-off' payments.
- 1.11 Ensure you have adequate personal injury insurance.
- 1.12 Refer work with an ongoing awareness to the roles of other multidisciplinary team (MDT) members, particularly in the elite environment where MDT coordination is critical. Specifically, refer to another member of the MDT if you have insufficient knowledge or experience in the area of the patient's problem, or if you feel the patient would benefit from other professional involvement.



- 1.13** Refer for a second opinion and facilitate this for your patient, when appropriate, either because, in your view, they would benefit from additional expertise or because they make a request.

- 1.14** Not use materials such as quotes, photographs or endorsements from identifiable individual athletes or patients to promote or publicise your professional practice or clinic. In exceptional circumstances, if you wish to do so, consider your professionalism around the use of social media and the legal requirements of the use of personal data, including the consent process. In obtaining consent, you must use the Faculty recommended template. This is only applicable to adults over the age of 18. See 2.2 in addition.

- 1.15** Not use materials such as quotes, photographs or endorsements from individuals under the age of 18 years.

You should:

- 1.16** Be aware that you are not obliged to provide treatment if you believe this will not be in your patient's best interest, but you should nevertheless aim to make provision for continuity of care where there is a clinical need.

- 1.17** Respect the views of other Members and Fellows in public and avoid unbalanced criticism of colleagues by impugning their professional or personal reputations.

- 1.18** Only engage with the media in areas of SEM in which you have knowledge and expertise and consider how your input may be used or taken out of context. Consider the potential impact and implications of this engagement on your employer, patients and other stakeholders and consult them prior to engagement where appropriate.



- 1.19** Consider opportunities to conduct, or participate in, research that may benefit current or future patients or both, and help to improve the health of the population. Where a patient may be eligible to participate in existing research, make them aware of this. When involved in, or promoting research, adhere to all guidelines with regards to research set out by the GMC.
- 1.20** Consider opportunities to promote the efficient use of resources and encourage behaviours that lead to sustainable solutions and minimise environmental impacts.

2 | Patients, partnership and Communication

You must:

- 2.1** Where possible, explain to the patient their problem in a language and method that they will understand, taking into account any language or communication needs. This should include their full treatment options, prognosis, recovery time and future potential complications. This can be challenging, and where you are speculating on issues, you should make this clear to the patient.
- 2.2** Involve patients in decisions about treatment and care options and support them to make informed decisions if they are deemed capable. In children and adults with incapacity to make informed decisions, the legal guardian must be involved. Children under the age of 16 can consent to their own treatment if they are deemed to have the intelligence, competence and understanding to fully appreciate what's involved in their treatment and to make an informed decision (Gillick competence). You must provide a young person with all the relevant information and discuss it with them thoroughly. A young person's capacity to consent may be affected by their physical and emotional development, as well as changes in their health and treatment.



- 2.2** (cont...) Therefore, it is important to assess maturity and understanding on a case-by-case basis. If you require further clarification please refer to the GMC guidelines regarding consent.
- 2.3** Support patients, including those with impairments or disabilities, which may not be easy to identify, and offer reasonable adjustments which are appropriate to the circumstances.
- 2.4** Empower patients to improve and maintain their health, providing access to relevant information and support opportunities. This should include providing guidance on access to over-the-counter medication, and the patient's duty, where relevant, to abide by anti-doping regulations.
- 2.5** When asked to do so, and with the patient's permission, explain the medical problem to coaches, management, parents and guardians. Do this in an appropriately professional and sensitive manner. In many instances patients' medical management can be enhanced by appropriate information exchange with these groups, and this should be explained to the patient in a way they can understand.
- 2.6** Consider wider safeguarding and welfare needs, especially of those patients deemed vulnerable and act promptly if you have any concerns about the patient or those close to them with regards to abuse or neglect.
- 2.7** Be open and honest if things go wrong, in keeping with the professional duty of candour (please adhere to any current GMC guidance on the Duty of Candour. Full explanations, apologies and correcting matters, where possible, should be the norm. Reporting of such incidents in line with your organisation's policies is advisable. In any situation where Duty of Candour applies carefully consider any reporting requirements of your insurance or indemnity provider.



- 2.8** Ensure you have explicit consent or valid authority if involving the patient in teaching or research.
- 2.9** Consider patient confidentiality when using communication tools including audiovisual and information technology and adhere to relevant data protection legislation with particular reference to personal and sensitive information.
- 2.10** Not allow access to patient's medical records by third parties without the documented consent of the patient.
- 2.11** When providing a second opinion, do so in an honest manner, without criticism of other colleagues.
- 2.12** Remember that the patient's General Practitioner (GP) is key to documenting and understanding the full spectrum of your patient's healthcare. To ensure that the GP is kept updated, you must facilitate that all suitable medical information is exchanged on your patient at suitable intervals to maintain their medical continuity of healthcare. In private practice, you must inform the patient's GP after each clinic visit.
- 2.13** When asked to communicate with the media, provide information that is factually correct, balanced, and acknowledges uncertainty when appropriate. Consent must be obtained beforehand if named patient data is to be used and, if necessary, seek guidance from your professional indemnity organisation on the form of words you should use in any media releases.
- 2.14** If challenged by the media or any third party in public for actions you have taken in the care of a patient, discuss any proposed response with your medical indemnity provider. If this involves an outpatient or team care scenario, keep the hospital or sporting organisation briefed on your final response proposal.



2.15 Not be party to any medical media information release which is untruthful with the intention of gaining a sporting competitive advantage.

You should:

2.16 When dealing with professional athletes, ensure that you are acting in the best interest of the athlete and not acting to promote your own clinical practice or the organisation you work for.

2.17 Have the appropriate training in primary care medicine, as you may find yourself in the role of a primary care physician. If you have doubt on the correct course of medical management, explain this to the patient and, where possible, seek appropriate medical advice.

2.18 If working in a high-profile sport, undergo media training appropriate to your role within the sport.

2.19 Work collaboratively with all members of the MDT.

2.20 Provide care for other colleagues' patients when asked to do so if they are absent or unavailable.

2.21 When appropriate, educate coaches, management and sporting bodies on the importance of maintaining confidentiality between the patient and doctor.

2.22 In written or web-based advertising material for your SEM business, if using patient photos or images relevant to their medical care, be mindful of how a patient's photos or images will be interpreted by members of the public in relation to your business and to the SEM community. If patient photos or images are used from a sports event that you are covering, obtain the permission of the event organisers.



3 | Colleagues, culture and safety

You must:

- 3.1** Inform the patient of the known short-term and long-term consequences to their health when they return to physical activity, and where there is a chance of re-injury. Where you believe there is a high risk of significant further injury you must state this in terms that the patient fully understands to ensure they are fully aware of the consequences of their actions. In certain circumstances, you should keep a recorded document of discussion, information sharing and awareness of risk from the patient if you believe the patient to be competing against medical advice.
- 3.2** Consider to refuse treatment to the patient if you feel there is a risk of further injury as a result of returning to the activity. Where you believe that the risk to resume this activity may be significantly detrimental to the health of your patient you are under no obligation to continue to provide treatment. If appropriate, refer the patient to another health care practitioner.
- 3.3** Advocate for your colleagues, with their consent, if you believe they are being pressured to act beyond a patient's best interest.
- 3.4** Utilise the authority and support of the sport rules to remove a patient from the field of play, and away from further potential injury, if you believe they do not have the full mental capacity to act in their own best interest (e.g. after a concussion). When appropriate, work with sports organisations to improve the sport rules to mitigate against injury and give advice on optimising the available standard of care at sports events and training facilities.



- 3.5** Ensure that the clinical environment you are working in is fit for purpose to apply your skills, respect the privacy of the patient and, where applicable, meet the standards of any external organisation (e.g. Care Quality Commission).
- 3.6** When working in a team environment, ensure that you and your team members have adequate training to carry out the full scope of your clinical duties (including Equity, Diversity and Inclusion (EDI) and Safeguarding training).
- 3.7** Work with the team to ensure EDI issues are considered in employment of the MDT, selection of physical environment and access to electronic or physical resources.
- 3.8** Raise concerns on patient and colleague safety, training regimes, equipment and environments which you feel may have a significant adverse effect on the short- or long-term health of the patient. As a CMO, conduct both physical and mental health care audits with a sound evidence base to maintain governance and help raise concerns early. Refer to GMC Raising and Acting on Concerns About Patient Safety.
- 3.9** When travelling abroad with athletes and teams, observe international regulations regarding temporary medical practice, medication importation and prescription practice. This may include preparing and obtaining the requisite paperwork for medications ahead of travel from the country's government offices or agencies of the country you are travelling.
- 3.10** When travelling abroad ensure that you have appropriate indemnity cover. You should seek clarity whether this relates to provision of medical services to athletes only, or to the support and administrative staff as well



- 3.11** When working with minors, have appropriate training in issues related to child protection, and be mindful of the increased responsibilities of adults and team members working with young people to ensure their safety.
- 3.12** Comply with the General Medical Council's Good Medical Practice, and other relevant professional regulatory authority guidelines or equivalent national standards for your area of practice.
- 3.13** Ensure that adequate indemnity is in place for all professional work that is undertaken.
- 3.14** Conduct yourself personally and professionally with integrity and honesty, which includes information displayed on professional websites and social media channels.

You should:

- 3.15** When appropriate, endorse physical activity as an adjunct to the medical management of physical and mental illness amongst your professional colleagues, community and the MDT.
- 3.16** Discuss and educate patients about injury and illness prevention strategies, protective equipment and clothing.
- 3.17** Continue to act in the patients' or athletes' best interests when a hospital, medical group or healthcare corporation may pay a club/organisation in exchange for the 'privilege' of providing medical support to that club/organisation. If appropriate, you should make it clear to a patient/athlete that their best medical care should be obtained elsewhere.



- 3.18** When requested, provide appropriate supervision to doctors undertaking higher specialist training in SEM. In recognised training posts, ensure you meet all the requirements of a training facility and governance for doctors undertaking higher specialist training in SEM.
- 3.19** Where appropriate, rehearse medical services, including crowd care, mass participation event care and pre-hospital emergency care with healthcare team members. Ensure that the medical services team is adequately trained for the provision of emergency care. You should understand, and have practised, your role in any major incident plan. Keep an audit of these rehearsals and the appropriate learnings.
- 3.20** Assess the adequacy of medical facilities and ensure they meet minimum requirements before providing medical cover for that event. If there are no published minimum standards, and you believe participants would come to significant harm because of inadequate medical facilities, seek guidance from your medical indemnity provider.

4| Trust and professionalism

You must:

- 4.1** Make the patient your primary concern. Contracts with their employers (e.g. professional sport, national governing body) do not override your primary duty to the health and wellbeing of the patient.
- 4.2** Not bring FSEM into disrepute.



- 4.3** Respect and co-operate with FSEM articles and disciplinary proceedings.
- 4.4** Be aware of legal and professional requirements in obtaining consent from minors and those with mental impairment. Refer to the GMC 0-18 Year: Guidance for All Doctors and Protecting Children and Young People.
- 4.5** Be aware of the effects of sport on children in general, and those with concurrent health issues.
- 4.6** Be aware of your statutory responsibilities to children and vulnerable adults around safeguarding.
- 4.7** Make it clear to the patient which role you are playing in the consultation – for instance, in an assessment of fitness to compete or an inter-professional team transfer medical, the patient must be fully informed that this is an assessment-only role. In this instance, you must act in good faith with the organisation that they represent and should explain to the patient that they may not be acting in the patient's best interest.
- 4.8** Maintain the patient's confidentiality when requested to do so. This may bring you in breach of their contractual employment obligations and employer expectations. In the first instance, discuss your dilemma with the patient. If there is strong public interest (this can be open to debate and legal opinion), legal grounds for breaching that confidentiality or where maintaining confidentiality may bring harm to others, explain to the patient your reasoning for breaching their confidentiality. If in doubt, you should seek legal guidance.
- 4.9** Maintain up-to-date learning of the current national and international regulations on anti-doping in sport. You should not assist, support or ignore practices, policies or procedures that contravene the national or international doping regulations.



- 4.10** Report practices, policies or procedures that contravene national and international anti-doping regulations. There are facilities to do this in an anonymised manner. UKAD has information regarding reporting practices on their website.
- 4.11** Discuss with your indemnity provider your management of a patient who wishes to cease using a prohibited substance for the purpose of performance enhancement and is seeking your assistance in using an alternative, non-prohibited substance(s).
- 4.12** Make it clear to your patient if you are receiving sponsorship, products or support which may in any way affect the optimal health options for your patient.
- 4.13** Make it clear to your patient if you receive financial gain or benefit from the use of products, drugs or equipment in the course of their treatment.
- 4.14** Be extremely cautious about giving personal endorsement to methods, products or equipment which do not have a robust peer reviewed evidence base.
- 4.15** Inform the patient if a novel treatment is being proposed, and specifically if any potential short, middle or long-term side effects are known. Where there is a lack of evidence in support of a novel treatment, this should be communicated to the patient.
- 4.16** Not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.



- 4.17** Be open and honest with patients and apply the GMC principles of Duty of Candour if things go wrong. If a patient under your care has suffered harm or distress, you should:
- Put matters right if possible.
 - Offer an apology (an apology is not an admission of guilt).
 - Explain fully and promptly what has happened and the likely short-term and long-term effects.
- 4.18** Not participate or support discriminatory behaviours or conversations within your working environment.
- 4.19** Deny treatment to patients if their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making suitable alternative arrangements for providing treatment. Seek advice from your indemnity provider if you are denying treatment to a patient.
- 4.20** Not unfairly discriminate against patients or colleagues by allowing your personal views to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.
- 4.21** Have a working understanding that colleagues may be vulnerable in certain SEM working cultures because of their gender, sexual orientation or religion and may be subject to experiences markedly different to your own.
- 4.22** Work towards building a safe and equitable working culture and environment, especially in relation to vulnerable colleagues and patients at risk of discrimination or abuse.
- 4.23** Consider and respond to the needs of disabled patients and make reasonable adjustments to your practice so they can receive care to meet their needs.



- 4.24** Make sure you have adequate insurance or indemnity cover so that your patients will not be disadvantaged if they make a claim about the clinical care you have provided, whether in the UK or travelling abroad with sport.
- 4.25** Always be honest about your SEM experience, qualifications and current role(s).
- 4.26** Be honest and trustworthy in all your communications with patients and colleagues. Refer to the GMC guidance on the use of social media. Maintain patient confidentiality when communicating publicly, including when speaking to or writing in the media. You should remember, when using social media, that communications intended for friends or family may become more widely available.
- 4.27** When communicating publicly, consider that treatments and methods you describe will be open to public scrutiny, often in the absence of medical training or training in evidence-based medicine or knowledge of clinical details. Avoid comparative description of your services with other health care professionals.
- 4.28** When advertising your services, make sure that the information you publish is factual and can be checked and does not exploit patients' vulnerability or lack of medical knowledge.

You should:

- 4.29** Discuss with patients the challenges obtaining consent in high pressure situations and try, where possible, to prepare for this in advance with the team and support staff. Where you feel the patient cannot give suitably informed consent, remove them from the environment in order to do so.



- 4.30** Wherever possible, educate patients, coaches and management agencies about the negative health effects of performance enhancing methods and drugs.
- 4.31** Wherever possible, aim to educate the organisation you work for about medical governance, corporate governance and your duty of care.
- 4.32** Work towards collaboration, education and building robust and honest representations to our regulators about sports specific environments.
- 4.33** Review existing policies, procedures and protocols for reporting discrimination and physical abuse, or work to create them if existing policies fall below a standard or fail in their 'real world' application.
- 4.34** Declare any relationship with third parties (conflict of interest) which may influence the content of your presentation at conferences or scientific meetings.
- 4.35** Support the full application of written safeguarding and EDI policies within the environment and culture you work in.

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