

Specialty and curriculum development

In February 2005 the government announced that sport and exercise medicine would be developed as a new speciality of medicine. This article provides an understanding of the process involved in the development of the new speciality of sport and exercise medicine, its scope and curriculum.

The Commons Health Select Committee issued a report, in March 2001, concluding that the government was not adequately promoting the health benefits of sport. Additionally, it stated that the Department for Culture, Media and Sport should develop closer links with the Department of Health. Following this, the then Minister for Sport, Richard Caborn MP, co-chaired a sport and exercise medicine forum in March 2003 to consider the way forward for postgraduate education in sport and exercise medicine.

This forum concluded that two levels of sport and exercise medicine education were required to provide for two separate, but related, careers for doctors interested in the speciality. First, to continue and augment existing training for doctors requiring 1–2-year training in sport and exercise medicine who wished to develop a subspecialty interest. Second, to develop a 4-year higher specialist training programme and develop sport and exercise medicine as an independent medical discipline. For the latter a workgroup was established with members of the medical profession supported by UK Sport, the Department for Culture, Media and Sport and the Department of Health. This workgroup produced the documentation that was submitted to the government in January 2004 and resulted in a consultation process between August and November 2004. This consultation resulted in the ministerial announcement in 2005 that sport and exercise medicine was to be developed as a discrete medical speciality.

What is sport and exercise medicine?

Sport and exercise medicine is a 'broad church' with a long-established speciality association, the British Association for Sport and Exercise Medicine, founded in 1953. It is a discipline consisting of doctors who, as part of multidisciplinary teams, provide:

- A holistic approach to addressing medical conditions and injuries in those who are physically active, exercise and engage in sport
- Prevention of injuries and illness by providing advice on the safe use of physical activity in the treatment and prevention of illness
- Promotion of health and wellness through the increased use and uptake of exercise and physical activity.

It provides care and advice for all people and patients irrespective of age, sex or ability.

The specialty development was complementary to first, *Game plan: A strategy for delivering government's*

sport and physical activity objectives, which was published in December 2002 from the Prime Minister's Strategy Unit and Department for Culture, Media and Sport – this spoke of the need for a national strategy for increasing levels of physical activity across the nation. This resulted in the formation of activity coordination teams where members from the Department for Culture, Media and Sport and the Department of Health worked symbiotically. Second, it was complementary to the government white paper *Choosing Health* which was published in the autumn of 2004. More recently, Lord Darzi (2008) has published *High Quality Care For All: NHS Next Stage Review* which speaks of a commitment to help people stay healthy through commissioning of wellbeing and prevention services.

As well as being a speciality that seeks to promote health and prevent disease or injury it has a major role to play in the treatment and rehabilitation of injuries. Each year there are 29 million new or recurrent injuries resulting from participation in organized sport or physical activity. Ten million of these are substantive, resulting in patients being unable to work or continue their usual activities. The cost to the NHS of treating these injuries is estimated to be £590 million per annum. For each hospital admission for a sport or recreational injury there are 11 emergency department and 12 GP visits.

The application for speciality status was submitted to the Department of Health through the Intercollegiate Academic Board for Sport and Exercise Medicine. This was created in 1998 under the auspices of the Academy of the Medical Royal Colleges and played a central role in speciality development. Regions with supportive postgraduate deaneries were identified and regional training sites identified and set up. There are now more than 30 sport and exercise medicine trainees in either 'run-through' or 'top-up' higher specialist training. The new speciality is founded on the breadth of sport and exercise medicine and its multidisciplinary roots. Furthermore, it spans both primary and secondary care

Professor Mark E Batt is Consultant in Sport and Exercise Medicine in the Centre for Sports Medicine, Nottingham University Hospitals, Nottingham NG7 2UH, and **Professor Michael Cullen** is Consultant in Sport and Exercise Medicine in the Department of Sport and Exercise Medicine, Musgrave Park Hospital, Belfast

Correspondence to: Professor ME Batt

and may point the way to more modern ways of both training and working. The speciality and indeed training areas will develop incrementally and is expected to embrace modern ways of training as outlined in Modernising Medical Careers.

Sport and exercise medicine is essentially a 'medical' speciality and trainees can enter specialty training at ST3 from one of three routes: core medical training, acute care common stem or general practice. Achieving ST2 competencies in one of these paths is an essential requirement for entry to the sport and exercise medicine training programme. In addition potential trainees will be expected to show a commitment to the specialty, for example through membership of the British Association for Sport and Exercise Medicine and previous attendance at relevant courses and conferences. To date competition for places on existing training schemes has been keen and successful applicants have often had substantial experience with sports teams, or have held a postgraduate qualification such as a taught university diploma or masters degree. It is hoped that taster courses can be developed within training regions to allow foundation doctors to gain an insight into the specialty, thus allowing them to make informed career decisions.

The curriculum

The broad church ethos is reflected in the specialty curriculum which has been developed to allow trainees to gain appropriate experience and skills in a range of related disciplines, including public health, general practice, general medicine (including cardiology and rheumatology), orthopaedics and emergency medicine. In addition to this at least 18 months of the 4-year programme will take place in a variety of sport and exercise medicine environments, both within the NHS and private sector, encompassing supervised exposure to both elite and recreational athlete populations, including disability sport.

Trainees will have the opportunity to work as part of multidisciplinary teams providing care to a range of individual and team sports, including mass participation events such as marathons. Out-of-programme opportunities may exist for trainees to complete part of their training overseas or to gain additional supervised experience travelling as part of a medical support team to international sporting events. Applications for all such

activities will have to gain prospective approval from the postgraduate dean for the region and from the Specialist Advisory Committee and Postgraduate Medical Education and Training Board.

The specialty curriculum contains fifteen separate modules covering all aspects of clinical sport and exercise medicine practice, with each module containing a defined set of knowledge, experience and skills that a trainee will be expected to achieve. Central to the programme is an in-depth understanding of the scientific principles of exercise physiology, anatomy and nutrition which underpin the diagnosis and treatment of exercise-related medical problems and injury, as well as the therapeutic use of exercise in disease management and prevention. The emphasis of the training programme is to produce a doctor who will be capable of providing leadership in the promotion and adoption of physically active lifestyles for both the prevention and management of chronic ill health, and in the treatment and prevention of exercise-related injuries to all sectors of the population, from the 'weekend warrior' to the professional athlete.

Trainees are encouraged to contribute to the emerging knowledge base of the specialty by undertaking research and by participating in regular audit. Trainees are expected to develop the leadership and management skills appropriate to a consultant working within the NHS and to become involved in teaching at both undergraduate and postgraduate levels. Trainees are expected to fulfil the requirements of the generic curriculum running parallel to the specialty training programme.

Progression through the training programme will be monitored using a range of workplace-based assessments (mini-clinical evaluation exercise, direct observation of procedural skill, case-based discussion, multisource feedback) and satisfactory annual review of competence progression meetings, confirming the attainment of the curriculum competencies appropriate to the registrar's stage of training. Successful completion of the UK Diploma in Sport and Exercise Medicine is mandatory by the end of ST4 to allow progression to ST5. The diploma is run by the examination committee of the Faculty of Sport and Exercise Medicine and has undergone a significant review to ensure alignment to modern assessment theory and methodology.

Since 2007 thirty one registrars have commenced training posts in sport and exercise medicine across five deaneries in England, some of these enrolling in 'top-up' positions with the aim of applying for inclusion on the specialist register via the Certificate confirming Eligibility for Specialist Registration or Article 14 pathway. It is expected that during the next year all strategic health authority regions of England and all of the devolved administrations will be offering training programmes in sport and exercise medicine. The rapid expansion of training that has been supported by both the Department of Health and regional postgraduate deans is encourag-

Useful websites

Faculty of Sport and Exercise Medicine (UK) (www.fsem.co.uk)

British Association of Sport and Exercise Medicine (www.basem.co.uk)

London 2012 (www.london2012.com)

Sport England (www.sportengland.org)

British Olympic Association (www.olympics.org.uk)

Department for Culture, Media and Sport (www.culture.gov.uk)

ing and reflects a confidence and understanding of the positive impact that sport and exercise medicine doctors can play in a future health service.

Conclusions

Sport and exercise medicine is a broad subject with specialists that are ideally suited to working in a number of health-care environments, linking both primary and secondary care and bridging the current gap between preventive and therapeutic strategies. Many challenges lie ahead and it is hoped that NHS trusts will seize the opportunity to work with sport and exercise medicine doctors for the benefit of individual patients and the health of the nation – exercise is medicine! **BJHM**

Conflict of interest: Professor Batt chaired the UK Sport/Department for Culture, Media and Sport/Department of Health Sport and Exercise Medicine Workgroup. Professor Cullen was a member of this group.

Darzi A (2008) *High Quality Care for All. NHS Next Stage review final report*. Cm 7432. Department of Health, London
Department for Culture, Media and Sport, Prime Minister's Strategy Unit (2002) *Game plan: A strategy for delivering government's sport and physical activity objectives*. Cabinet Office, London
Department of Health (2004) *Choosing Health – making healthier choices easier*. Department of Health, London

KEY POINTS

- Sports medicine is not a new subject – the specialist association the British Association of Sport and Exercise Medicine has existed in the UK since 1953.
- Sport and exercise medicine was accredited as a specialty of medicine in 2005 – the same year that the Faculty of Sport and Exercise Medicine (UK) was created.
- Sport and exercise medicine is a broad-based specialty caring for the physically active (ill, injured or seeking wellness) spanning primary and secondary care.