An information resource for doctors providing medical care at sporting events

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Board of Science

BMA

Editorial board

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Professor Mark Batt, Past-President, Faculty of Sport and Exercise Medicine

Dr Anita Biswas, Sports Physician, English Institute of Sport, Professional Liaisons Officer, British Association of Sport and Exercise Medicine

Dr Simon Kemp, Head of Sports Medicine, Rugby Football Union and Secretary Faculty of Sport and Exercise Medicine

Dr Anthea Martin, Joint Head of Medical Division, Medical and Dental Defence Union of Scotland

Mary-Lou Nesbitt, Head of Governmental and External Relations, Medical Defence Union

Dr Neil Redman, Director, Health Partners Europe

Ethan Wheatley, External Communications Manager, Medical Protection Society

BMA Members for contributing their experiences

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About this resource

The purpose of this resource from the British Medical Association's (BMA) Board of Science is to provide information for BMA members who are interested in, and are considering providing, medical care at sporting events in a professional (whether paid or unpaid) capacity. There is a wide range of roles, levels, events and sports in which a doctor can provide medical care and assistance. The resource is not intended to provide definitive information for doctors involved in sports medicine and sporting events. The aim of the resource is to provide accessible information, including matters relating to a doctor's indemnity at sports events, and to provide links to relevant organisations and sources of further information. It emphasises the importance of a doctor contacting their medical defence organisation prior to providing care, or assisting in any professional capacity, at a sporting event.

This work is an update to the 2011 version and continues the BMA's work on sport and medicine which has resulted in publications including *Sport and exercise medicine: policy and provision* (1996), *Doctors' assistance to sports clubs and sporting events* (2001) and *Drugs in sport* (2002). When compiling this update in October 2013, detailed information about the provision of medical services at the Glasgow 2014 Commonwealth Games was not in the public domain. We will continue to monitor and update this resource when further information becomes available.

Although care has been taken to ensure this guide is as up to date and accurate as possible, this publication should not supersede any advice or information issued by your medical defence organisation.

The BMA advises that a doctor should always contact the event organiser and consult their medical defence organisation prior to assisting or providing care at a sporting event, in order to discuss their individual circumstances.

The BMA would welcome feedback on the usefulness of this resource. If you have any comments please address them to:

Science & Education Department
British Medical Association, BMA House, Tavistock Square, London, WC1H 9JP
Email: friendsbos@bma.org.uk
Website: www.bma.org.uk

Abbreviations

ALS	Advanced Life Support course
ALSG	Advanced Life Support Group
APLS	Advanced Paediatric Life Support Course
ATACC	Anaesthetic Trauma and Clinical Care
ATLS®	Advanced Trauma Life Support® course
A & E	Accident and Emergency
BASEM	British Association of Sport and Exercise Medicine
BASICS	British Association for Immediate Care
BBBC	British Boxing Board of Control
CGF	Commonwealth Games Federation
DCMS	Department of Culture, Media and Sport
DIMC	Diploma in Immediate Medical Care
ECEQE	Emergency Care at Equestrian Events
EIF	Events Industry Forum
FA	Football Association
FIA	Fédération Internationale de l'Automobile (International Automobile Federation)
FIMS	Fédération Internationale de Médecine du Sport
FPHC	Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh
FSEM	Faculty of Sport and Exercise Medicine
GMC	General Medical Council
GP	General Practitioner
HCM	Hypertrophic Cardiomyopathy
HMIMMS	Hospital Major Incident Medical Management and Support

HPA	Health Protection Agency
HSE	Health and Safety Executive
LOCOG	London Organising Committee of the Olympic and Paralympics Games Limited
MDDUS	The Medical and Dental Defence Union of Scotland
MDO	Medical defence organisation
MDU	The Medical Defence Union
MEA	Medical Equestrian Association
MIMMS	Major Incident Medical Management and Support Course
MMA	Mixed martial arts
MPS	The Medical Protection Society
PEPP	Paediatric education for pre-hospital professionals
PHE	Public Health England
PhEC	Pre-hospital Emergency Care course
PHPLS	Pre-hospital Paediatric Life Support course
PHTLS	Pre-hospital Trauma Life Support course
RFU	Rugby Football Union
SEM	Sport and exercise medicine
TUE	Therapeutic Use Exemption
UK	United Kingdom
WADA	World Anti-Doping Agency
WBO	World Boxing Organisation
WMA	World Medical Association

Contents

Introduction

Doctors and healthcare professionals participate in various capacities in advising and providing care at a range of sports clubs and sporting events. There are different levels of support that a doctor can provide, depending on the size and type of club or event. These can range from a sports medicine doctor who provides a regular, highly-experienced level of care to a professional sports club, to a doctor providing unpaid assistance at a local community event on an ad hoc basis. Medical provision at sporting events, whether at a school sports day or the London Marathon, is essential for the smooth running of these events and the safety and wellbeing of participants, officials and spectators.

The BMA encourages doctors' participation in sporting events as their assistance is essential in ensuring the safety of those involved. It is important that doctors are aware of what needs to be considered before undertaking such duties. Doctors may have to provide medical treatment in situations outside their normal day-to-day role and need to be well-prepared, properly equipped and able to adapt to these challenges. A doctor may face the risk of a complaint or legal action if the level of medical provision was thought to be inadequate, or if harm results from the treatment provided. Doctors can take a number of steps to reduce these risks. These include ensuring their skills are up to date, ensuring access to appropriate equipment and drugs, that they have the appropriate knowledge of the sport or event they are participating in and that they have discussed their indemnity needs with their medical defence organisation and the event organiser.

This resource outlines the many roles that a doctor can have at a sporting event and highlights the key steps a doctor should take. While there are differences between the roles outlined in this resource, the general guidance provided and issues discussed are relevant and applicable to all types of doctors involved with sports clubs or sporting events.

The staging of the 2012 Olympic Games in London was widely acknowledged to have been a success. Integral to the operation of the Games was the contribution of 70,000 volunteers, known as 'Games makers'.[1] The Games makers included 5,000 medical volunteers, who were deployed across all of the competition venues, and at the large, central polyclinic in the London Olympic Village that was set up to provide most of the healthcare needed for the Olympic and Paralympic athletes. The polyclinic included a small A&E department, primary care, sports and exercise medicine, physiotherapy, ophthalmology, dental services, imaging, podiatry and a pharmacy.

The Glasgow 2014 Commonwealth Games will also rely heavily on the contribution of volunteers. By the application deadline in February 2013, over 50,000 people had applied to volunteer at the Glasgow Games. Of these, 15,000 will be selected, including approximately 1,200 medical volunteers. Preparations for the provision of medical services across the games will continue into 2014, including the production of the 'Medical Services and Pharmacy handbook' – which will outline the specialist services available to athletes and team officials. Medical volunteers will be crucial to the success of the Commonwealth Games, providing services across the competition venues, relevant non-competition venues and the Polyclinic, which will be located in the Games Athletes' Village.[2]

For further reference and information please refer to:

- *The event safety guide* from the Health and Safety Executive (HSE)[3]
- *Guide to safety at sports grounds* from the Department of Culture, Media and Sport (DCMS).[4]

Please note*: The event safety guide* is currently being updated by the Events Industry Forum (EIF), in consultation with the events industry, including representatives from regional and national Government. Draft chapters of this update are currently available on www.thepurpleguide.co.uk. As the chapters are published in draft they should only be read as guidance.

All external links in this resource are provided for your convenience. The inclusion of any link does not imply the BMA's endorsement of the website, its operator or its content. The BMA is not responsible for the content of any external websites.

The roles of a doctor at sporting events

Doctors' assistance and provision of care is essential for the wellbeing of those present at sporting events. Doctors can assist and provide medical care at sporting events in a number of different capacities, including those outlined below.

1. Specialist sports medicine doctor
2. Immediate care doctor
3. Event management medicine and major incident management
4. Crowd doctor
5. In a general role (usually at smaller events)
6. Acting as a 'Good Samaritan'

All doctors providing medical care at sports events in the UK in any capacity must be medically qualified, registered with the General Medical Council (GMC) and hold a GMC licence to practise.[a] There are specific requirements, qualifications and responsibilities for each of the different roles and these are outlined in the following sections. There is also a range of general skills that a doctor providing care at a sporting event should have, including proficiency in pre-hospital resuscitation procedures, airway maintenance and spinal fracture immobilisation.[5] There can be overlap between different roles and a doctor may have to cover multiple roles at smaller events.

Key message

It is vital that doctors ensure that they have the requisite skills, experience, qualifications and GMC licence to assist and provide care at sporting events.[b] Each role will have different requirements and each sport/event is governed differently. The BMA advises that a doctor should always contact the event organiser and consult their medical defence organisation prior to assisting or providing care at a sporting event, in order to discuss their individual circumstances.

a In 'Good Samaritan' situations retired doctors, medical students, overseas doctors and doctors who are no longer on the GMC register or licensed to practise may have to intervene if necessary, until a registered healthcare professional is available. For more information on doctors acting as a 'Good Samaritan' see page 13.

b All doctors, including retired doctors who still have a licence to practise from the GMC and want to assist at sporting events, need to ensure that they have the necessary skills and expertise for the role that they wish to undertake. They would also need to check with their medical defence organisation that their membership allows them to undertake such a role.

Medical Defence Organisations

Medical Defence Organisations (MDOs) are mutual non-profit making organisations, owned by their members. There are three main medical defence organisations in the UK – the Medical Defence Union (MDU), the Medical Protection Society (MPS) and the Medical and Dental Defence Union of Scotland (MDDUS). There is also a fourth indemnity scheme provider, SEMPRIS, which is available to all GMC registered members who treat, or expect to treat, professional sports people.

See **Appendix 1** for the medical defence organisation contact details.

Doctors may also have their indemnity provided by insurers. More information on the difference between MDOs and commercial insurance can be found on each of the MDOs' websites.

Specialist sport and exercise medicine doctor

Sport and exercise medicine (SEM) was granted specialty status in the UK in 2005. These specialists do not just work at sporting events. They use exercise as a treatment for non-sports related problems and they treat all types of patients who have injured themselves through sports or exercise. When SEM doctors work with athletes and sports teams, they often manage the multidisciplinary team responsible for providing care and treatment to athletes. They have a duty to safeguard athletes' health and may also be involved in maintaining and enhancing optimal sporting performance. Sport and exercise medicine is a wide-ranging field and requires knowledge of the positive and negative impacts of exercise, as well as the various mechanisms of sports injuries plus their treatment, rehabilitation and prevention. SEM doctors working with athletes may also need to know about drugs in sport, nutrition, psychology and travel problems – including jet lag and the effects of changes in climate.[6]

The role of SEM specialists at sporting events differs from the roles of other doctors. Doctors who work as SEM specialists often do so as part of their full-time work in an occupational capacity. This is different, for example, from a doctor attending a weekend football match as a crowd doctor. SEM specialists can be employed as a team doctor for a sports club or organisation, or as a doctor for a specific sporting event or venue. There must be a clear

distinction between the doctor's relationship with the organisation and with the patient, and care must be taken when providing information about a patient to their employer, to ensure confidentiality and trust are not breached.[7]

SEM specialists feel that ensuring they have the correct indemnity for the work that they do is a very important part of their professional identity.[8] Indemnity for SEM doctors will sometimes be covered by their employer, as they undertake this role full-time, but many provide their own cover through medical defence organisations or private insurance companies. Such doctors must confirm with their employer whether or not they are indemnified and discuss indemnity options with their medical defence organisation or insurer. For information on indemnity provided by MDOs in the UK for doctors providing medical care for professional sportspeople, including Premier League footballers, see **Appendix 2**.

Qualifications required

Specialist qualifications in sports medicine require medical graduates to successfully complete both foundation programme training and a core training programme, before commencing specialist training in sport and exercise medicine.[6] Most SEM doctors who work at sporting events will also complete regular Faculty of Pre-Hospital Care (FPHC) approved immediate care in sport courses, and many are also trained in major incident management.

Faculty of Sport and Exercise Medicine

The Faculty of Sport and Exercise Medicine (FSEM) provides information on sport and exercise medicine as a specialty, including a Professional Code[7] for SEM specialists and the specialty training curriculum. For contact details, see **Appendix 3**.

Immediate care/pre-hospital emergency medicine

Immediate care doctors deal with situations in which competitors, spectators or officials require immediate medical care, often in an emergency situation, frequently outside a normal clinical environment. Their skill and expertise involves the clinical care of both medical and trauma emergencies at the scene and in transit to definitive care (for example, a hospital). Their expertise and specialist equipment are required in the event of serious or life-threatening injuries or illness. These can include any unexpected traumatic injury, including spinal injuries. Hypertrophic cardiomyopathy (HCM) is a leading cause of sudden cardiac death in young athletes and current advanced life support skills are mandatory. This type of doctor should have experience of working with the ambulance service and is required to work with senior ambulance staff to coordinate emergency care resources at a sporting event.

Immediate care doctors may have an important role in the organisation and management of medical services at sporting events, including being trained as medical incident commanders for major incidents (see sub-section 'Event management medicine and major incident management').

Qualifications required

The practice of pre-hospital emergency medicine involves not only core and advanced medical skills but the abilities, judgement and experience of working in a resource-limited environment against the clock with multiple agency teamwork.

BASICS (the British Association for Immediate Care) recommends that doctors providing pre-hospital care should have completed training to learn about the pre-hospital environment, as well as courses on life support and resuscitation, such as the Pre-hospital Emergency Care Course (PhEC).

The Faculty of Pre-Hospital Care (FPHC) of the Royal College of Surgeons of Edinburgh also has information on pre-hospital and immediate care in sport courses for which they provide endorsement for suitably assessed courses that provide training to a required standard. In 2012, FSEM and FPHC jointly agreed that successful completion of a Level 2 FPHC approved Pre-Hospital Immediate Trauma course should be the standard expected of FSEM Members and Fellows providing Sports Pre-Hospital Immediate Care.

For a list of immediate care courses and qualifications see **Appendix 4**. For contact details of the relevant organisations see **Appendix 3**. The training required for immediate care can also be specific and adapted to the sport in question (see **Case Study 1**).

Case study 1: UK Medical Equestrian Association (MEA) training courses at the 2008 Beijing Olympics

The UK Medical Equestrian Association (MEA) runs training courses providing doctors with the opportunity to learn and to maintain their pre-hospital equestrian trauma management skills.

Five members of the MEA assisted with the training of those providing medical care at equestrian events during the Olympic Games in Beijing in 2008. The MEA members had experience of assisting and providing pre-hospital trauma provision at equestrian events at local, national and international levels. They were recruited by the Hong Kong Health Authority and the Chinese University of Hong Kong and travelled to the Olympic equestrian site in Hong Kong to help prepare the local doctors and nurses for the 2008 Olympic and Paralympic equestrian events.[9]

MEA members worked with the Hong Kong College of Emergency Medicine and the Hong Kong Jockey club to teach three one-day pre-hospital equestrian courses. These courses were based on the MEA approved 'emergency care at equestrian events' course. The key skills taught included the rules of eventing, horse awareness and evidence-based pre-hospital trauma management.[9] Other aspects of the course involved teaching personal safety around horses and administering medical care in unfamiliar environments found on an equestrian course (for example against a fence or in a water jump).[9]

Event management medicine and major incident management

Doctors can be responsible for, and provide assistance in, the management of sporting events. This can include a wide range of responsibilities and functions. Doctors can provide input into matters of medical and health management including what level of medical cover and how many first aid kits may be needed, but they can also take a much broader medical incident command role.

Medical support at large events should ideally consist of a team, involving a range of specialist doctors from anaesthetists to general practitioners (GPs), provided they meet the requirements and qualifications specific to their individual roles.[10] At large events, there should also be a senior doctor who is responsible for the overall medical command coordination and management of the event, including acting in the event of a major incident.[10] All doctors and medical staff must fully understand and should have exercised their role in the major incident plan before the day of the event.[4]

A major incident is defined by the Health and Safety Executive as 'a significant event, which demands a response beyond the routine, resulting from uncontrolled developments in the course of the operation of any establishment or transient work activity'.[11] Major incident management includes having procedures in place if, for example, an event venue experiences a fire or if a sports event is subject to a terrorist attack. A major incident requires doctors to work with the statutory authorities and provide management and medical support.

The emergency planning and strategic response to a major incident is a key public health activity. Emergency planning is led locally by a local resilience forum (and Strategic Co-ordinating Groups in Scotland) set up under the Civil Contingencies Act 2004. In the event of an incident, overall leadership follows a gold (strategic), silver (tactical) and bronze (operational) system. The gold commander, usually a chief police officer or fire officer, is advised by a gold team including high level representation from the NHS, Public Health England (PHE)[c] and the ambulance service. Advice is also taken from a scientific and technical advisory cell which includes public health doctors working alongside, for example, representatives from environmental protection, food safety and animal welfare agencies.[12,d] Doctors can have input in a gold, silver or bronze category in response to a major incident.

c Following the Health and Social Care Act 2012, Public Health England now carries out all the responsibilities previously attributed to the Health Protection Agency (HPA), including the specific health protection with respect to radiation and chemicals in Scotland and Wales.

d The exact agency may differ between countries within the UK. For example, animal welfare advice would come from Defra in England, and the Welsh Assembly Government in Wales.

In the event of a major incident, doctors will work at the operational level in support of the statutory ambulance services in a command-control hierarchical structure with other agencies. Their key role is to support the ambulance service (which leads the NHS response) in creating a steady measured flow of casualties to hospitals which may be a considerable distance away. This requires the ability to triage, treat and prioritise victims for transport, and be able to hold and treat the less seriously injured for some hours. During the 2012 Olympics, for example, there were over 30 competition sites outside London, all of which had a medical team, though not all had immediate access to a hospital.

The 2014 Commonwealth Games will take place across 14 sites in Glasgow and Edinburgh. The development of 'event safety operational plans' for the Glasgow Games, including spectator safety policies, operation plans, contingency plans and emergency response plans, was due to begin in the first quarter of 2013.[2]

A doctor involved in the management of a sports event should have recent experience (within two years) of dealing with emergencies in a pre-hospital environment or in accident and emergency. They must have knowledge of the local NHS ambulance service, as well as the local authority and NHS major incident plans.[3,e] The event coordinator should have collected this information in advance from the relevant local authorities.

Qualifications required

The event safety guide recommends a doctor has completed a Major Incident Medical Management and Support Course (MIMMS), as well as a Pre-hospital Emergency Care Course (PhEC)[3]. For details of these courses see **Appendix 3**.

e The draft update to the Event Safety Guide indicates that the competencies required of the event doctor(s) will vary according to the nature of the event, and where specific advanced skills may be required, the practitioner should hold the valid and appropriate competence such as Advanced Trauma Life Support.

Crowd doctor

A crowd doctor's first responsibility is to the crowd and there should be at least one crowd doctor present at a sports event where the number of spectators is expected to exceed 2,000.[4] This is on top of the required ambulance cover and a sufficient number of trained first aiders. The crowd doctor can be required to provide medical care to members of the crowd for a range of ailments. These can range from a spectator suffering from a toothache, to abrasions or injuries from a fight, to cardiac arrest. A crowd doctor also works and liaises with other healthcare staff (such as ambulance services) if required and should be aware of the plan and necessary actions required in the event of a major incident.[4]

It is also recommended that the crowd doctor should be present at the sports ground before spectators are admitted and remain until all spectators have departed.[4] The location of the crowd doctor should be made known to other healthcare staff (including ambulance staff) and they should have appropriate means of communication.

Qualifications required

The *Guide to safety at sports grounds*, produced by the Department of Culture, Media and Sport, recommends that the crowd doctor be qualified and experienced in pre-hospital immediate care and that they have completed the Pre-hospital Emergency Care Course (PhEC), the Major Incident Medical Management and Support Course (MIMMS) or have equivalent relevant experience.[4] There are also a number of 'crowd doctor' courses available from different organisations. For details of these courses see **Appendix 3**.

Doctor assisting in a general role (usually at smaller events)

Doctors may be asked to participate in a general capacity (eg at a school sports day or a rural community sports event) combining aspects of the aforementioned roles. This may encompass providing medical care to competitors, spectators, and involvement in the organisation and management of an event. A doctor assisting at a local sports match with a crowd attendance of less than 2,000, can be responsible for the medical care of both the players and the crowd. A doctor can also undertake the role of team doctor for a local sports team. Doctors who assist at these types of fixtures provide a valuable service to sporting events and teams across the UK. It is important that doctors in this capacity should have knowledge of emergency care.

Qualifications required
It would be advisable for doctors to have similar experience/qualifications as recommended for a crowd doctor.

A doctor acting as a 'Good Samaritan'

A doctor may be present at a sporting event in a non-medical capacity (for example, as a spectator) and a competitor, official or spectator may become injured or require medical treatment. A doctor's assistance in these circumstances is described as a 'Good Samaritan act'. A doctor has an ethical responsibility and a duty as a doctor to do what they reasonably can. Guidance from the GMC states that:

> ***You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care.***[13]

Doctors are expected to give whatever assistance they can in an emergency. Acting as a Good Samaritan is usually included in doctors' subscriptions to their medical defence organisation, as long as it is ad hoc and there is no evidence of an ongoing relationship with any sports club or athlete. Doctors do not need to be specialised or trained in emergency care, or even licensed or registered with the GMC, to act as a Good Samaritan. It may be difficult to decide whether to intervene in emergencies for which they are ill equipped. Doctors need to be aware of their own limitations and never act beyond their competence if there is a viable alternative.[14] Any treatment or care provided in a Good Samaritan situation would be classed as a clinical intervention. A doctor must record the name of the patient, make a clinical record of what they are doing and give their contact details to the appropriate official.[15] If inadvertent harm is caused to a patient by a doctor acting at the limits of his or her capacity, this should be discussed with the patient at the earliest opportunity.[14]

Doctors may have concerns that if they intervene and a patient's condition does not improve or deteriorates, they may be subject to a negligence claim. Claims resulting from Good Samaritan incidents, however, are extremely rare. In the case that criticism or a complaint results, doctors should contact their medical defence organisation.

On 17 March 2012, footballer Fabrice Muamba suffered a cardiac arrest on the pitch during an FA Cup match. The story of the doctor who happened to be in the crowd during the game, and who helped to save Muamba's life, can be accessed here:
http://www.nhs.uk/Livewell/nhs-anniversary/Pages/doctor-who-saved-Fabrice-Muamba.aspx

Responsibilities of the doctor

A well-prepared doctor can enhance the level of medical care provided and increase the safety for those present, as well as reduce their own risk of potential litigation. The responsibilities of a doctor as outlined in the GMC's *Good medical practice* (2013), as in any form of medical care, are paramount in providing medical care at sports events. These include doctors:

- making the care of the patient their first concern
- having up to date medical knowledge and skills
- providing a good standard of practice and care
- ensuring good communication with the patient
- respecting patients' right to confidentiality
- maintaining trust with the patient by being honest and open and acting with integrity.[13]

A doctor can undertake a number of different roles at sporting events. They can be involved in providing care for spectators or athletes or both. All doctors providing assistance to competitors at sporting events should ensure that they have knowledge of:

- the sport, its rules, its risks and the potential injuries sustainable in that sport
- how to deal with such injuries to competitors in the pre-hospital setting
- the sport's policy around the withdrawal and substitution of injured players
- the particular aspects of physique and fitness needed to safely participate at the appropriate level
- the guidance published by the sport's professional association or governing body, including being aware of the specified skills or qualifications required
- the anti-doping codes relevant to that sport

Best practice for a doctor providing medical care at a sporting event

While the role of a doctor at a sporting event may vary, there is general guidance that applies to doctors taking part in any capacity at a sporting event. There are several steps that a doctor should undertake before, during and after an event, which include:

1. Clarifying the level of indemnity (if any) being offered by the sports club, sports professional body or organisers of the event – doctors may already be indemnified.
2. Liaising with the sports club, sporting body or organisers of the event at an early stage regarding the exact nature of the role, to define his/her responsibilities in advance. This includes clarifying whether medical support will cover competitors and/or spectators, and distinguishing the relationship with the organisation from the relationship with any sportspeople.
3. Contacting the medical defence organisation to discuss and arrange appropriate professional indemnity based on the role being performed.
4. Undertaking a thorough written risk assessment and, if appropriate, assessing the level of assistance required from other doctors, nurses or paramedics which may be dependent on the number of spectators expected. In events where over 2,000 people are expected, a doctor should be fully conversant with the statutorily required major incident plan and the role they may play within it. This point is especially relevant for event management and major incident management.
5. Liaising with emergency services where appropriate – become familiar with local services, especially if travelling outside known healthcare systems, in case competitors require transportation to hospital should a serious injury occur. Notify in advance (in writing and by telephone), the local ambulance and hospital services of an event at which assistance may be required.
6. Clarifying what medical equipment is provided and ensuring that their own medical equipment, as well as that available at the event, meets the needs of the sport concerned. Each sport has its own special needs, for example, resuscitation equipment at boxing matches, while in other sports minor trauma equipment, laceration sets and splints, and neck stabilisation equipment may be helpful.
7. Ensuring that equipment, support and clinical protocols provided and used meet 1the standards set out by the relevant professional body and/or sporting body.

8. Giving patients information they want or need to know in a way they can understand, for example at major events such as the Commonwealth Games, where the doctor may be asked to treat people from different cultures/countries who may speak different languages. She/he should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.

9. Considering influences on competitors' ability to perform safely (eg extreme temperatures) and where possible be aware of any medication taken or medical conditions, such as whether a competitor is asthmatic or diabetic.

10. If the support facilities, equipment and resources are unacceptable, the doctor should inform the event organiser and request that the event be put on hold until the situation has been corrected.

11. The location of the doctor should be made known to any other healthcare professional (paramedics, ambulance staff etc): communication between the doctor and other medical personnel is important. Depending on their role, the doctor should be clearly identifiable to competitors, officials and/or spectators.

12. It may be useful to consult the referee/official regarding arrangements for stopping play if necessary.

13. Keeping an accurate record of incidents, accidents and any medical care provided. Doctors should inform their medical defence organisation as soon as possible if any incidents or complaints resulted from their assistance or provision of medical care.

Potential risks and matters of indemnity for doctors

Irrespective of the nature of the event, and whether or not others involved are amateur or professional, doctors will always be judged by professional standards – which must not be compromised.
BMA Medico-Legal Committee member

Agreeing to offer assistance to a sports club or at a sporting event, at any level, carries legal implications and immediately creates a duty of care to the competitors, officials and/or spectators (depending on the responsibilities of the doctor, which should be agreed on by the doctor and the club or event organisers beforehand). Doctors need to clarify their position in relation to indemnity before undertaking any role at a sporting event. If a doctor is employed by those participating in, or organising the event, then the doctor will need to ascertain whether any such organisation provides indemnity for its employees. If not, the doctor may need to provide their own indemnity for clinical actions and should discuss their individual circumstances with their medical defence organisation (see **Appendix 2** for information on UK medical defence organisations and their cover for doctors providing medical care for elite athletes, including players from Premier League football clubs).

A doctor may face the risk of a complaint or legal action if the level of medical provision was thought to be inadequate, if harm results from the treatment provided, or if banned substances are inadvertently prescribed. Organisers of a sporting event may also consult a doctor for advice on the level of risk to both competitors and spectators and the appropriate support needed. If that level of provision is held to be inadequate and harm results, then the doctor concerned may be held liable for providing negligent advice in assessing the risk and defining the level of provision required.

Doctors should always be clear and specific about the implications of injuries, especially related to returning to sport. The Faculty of Sport and Exercise Medicine (FSEM) advises that 'it is the duty of the Practitioner to provide careful counselling to inform the sportsperson of the potential risks' of certain types of exercise or activity.[7] A doctor could be held accountable if they fail to advise an individual on the risks relating to their participation in a sport following an injury.[16] A doctor may say that an injury or condition no longer prevents an athlete from returning to the sport, but the individual subsequently sustains further injury, and holds the doctor responsible.[16]

If a claim was brought against a doctor, the court would consider their competence, specialty, training and experience in the particular field under scrutiny. The standard of care demanded would be that of a reasonably skilled and experienced practitioner professing to have the requisite skills and training, depending on the nature of the role. The doctor would need to be able to show that there was a responsible and reasonable body of medical opinion prepared to support their decisions/actions in a particular case.

Key Message

In all cases where a doctor may be involved in a sporting event or with a sports club, it is essential that they discuss their individual circumstances with their medical defence organisation **at an early stage (prior to the event)**, in order to determine the indemnity (whether contractual or discretionary) available to them and the level of subscription necessary. If an incident or situation occurs, a doctor should contact their medical defence organisation as soon as possible. Indemnity will usually only cover claims made on behalf of patients not their clubs, sponsors, agents or others. Doctors should only provide care at the request of the individual. If they enter into arrangements or contracts with a club, it would be expected that the club would provide indemnity. If there are any doubts, doctors should contact their medical defence organisation.

Ethical concerns

There are a number of potential ethical concerns that may arise for a doctor providing medical care at a sporting event. Doctors employed by a sports organisation, club or team may feel they have dual obligations – to their employer and to their patient. This can lead to a conflict of interest. In ethical terms, as with any other context, doctors at sporting events need to be aware that their responsibility is to their patients and the general duties of medical consent and confidentiality remain the same.[14]

Both the BMA and the GMC have produced resources on the matters of ethics, confidentiality and consent. These include *Medical ethics today* (BMA, 2012)[14], *Confidentiality and disclosure of health information tool kit* (BMA, 2008)[17] and *Consent: patients and doctors making decisions together* (GMC, 2008).[18] The BMA's ethics toolkits are available here:
http://bma.org.uk/practical-support-at-work/ethics

The FSEM's Professional Code[7] contains detailed guidance for SEM specialists on both consent and confidentiality. The International Paralympic Committee's *Medical Code (*2011), also deals with consent and confidentiality and is available here:
http://www.paralympic.org/sites/default/files/document/120131082554885_IPC%2BMedical%2BCode_Final.pdf

Consent

The general ethical and legal principles regarding consent apply to doctors involved at sporting events and in the treatment of sportspeople. As in all other areas of medical care, doctors need to obtain the patient's agreement in advance when providing examination or treatment. Consent can be verbal, written or signalled by the willing agreement of a person who understands what will be undertaken. Specific consent is also needed for the disclosure of confidential information to coaches or managers of the player.[14]

In an emergency situation, or when a doctor is acting in a 'Good Samaritan' capacity, patient consent should be sought where feasible. In an emergency and where consent cannot be obtained, a doctor should 'provide medical treatment that is in the patient's best interests and is immediately necessary to save life or avoid significant deterioration in the patient's health'.[19]

Confidentiality

Doctors who are employed by sports teams or sports clubs may have problems with conflicting loyalties as they may have a contract with the club or team as their employer and a duty of care to the player as their patient. This matter is especially pertinent in terms of confidentiality. In the World Medical Association's (WMA) 'Declaration on principles of healthcare for sports medicine' it states that:

In sports medicine, as in all other branches of medicine, professional confidentiality must be observed. The right to privacy over medical attention the athlete has received must be protected, especially in the case of professional athletes.[20]

The British Olympic Association has also produced a position statement on confidentiality, which is summarised in **Box 1**.

Box 1: The British Olympic Association's position statement on athlete confidentiality – a summary[21]

- All members of medical support staff are bound by professional codes of conduct. They must ensure confidentiality of information.
- Where information about athletes is to be exchanged within multidisciplinary support staff meetings, the athlete must be told who will be present, and consent should be obtained in advance.
- Athletes need to give consent before coaches are informed of their problems.
- If athletes feel that their medical support team will not respect their confidentiality, they can seek advice elsewhere.
- Athletes who have signed a consent form may still withhold consent for any specific consultation, test, or treatment.
- A refusal to consent to disclosure must be respected even in the event of an athlete taking a prohibited substance.

Please note: For more detail on any of the above, please see the full statement, available here http://bjsm.bmj.com/content/34/1/71.full

Studies have shown that confidentiality of health information is a significant concern for those doctors treating professional sports people as there may be a demand for information on a player's condition from coaches, management, the media and the public.[22, 23, 24] In some circumstances a player will be contractually obliged to undertake a medical examination in relation to their capacity to perform their sport. The doctor must make the purpose of such an examination clear, gain consent from the patient for the examination and for any release of medical records.[7] It is important to note that a doctor being a salaried employee of the sports club gives no other employee, including the coach of that club, any right of access to the athlete's medical records or to details of examination findings without consent. If confidentiality is not upheld, erosion of trust could lead to an athlete withholding information during a consultation fearing that it will be disclosed to a manager or coach without the patient's consent. This could prevent effective diagnosis and treatment and could endanger the health of an individual athlete or of others within a team.[25]

With the athlete's consent, the coach may be advised of any relevant information relating to a specific matter on a strictly need-to-know basis, the significance of which the athlete clearly understands. This information should usually be conveyed with the patient present, in order that any confusion is avoided. If the athlete refuses to allow any information to be provided to the club or the coach, the doctor must not breach confidentiality, unless it puts the health or safety of the athlete or other players at risk. The fact that the athlete may be in breach of their contract as a result of the refusal to share the information is a matter for the athlete, and is not a reason for the doctor to breach confidentiality.

Pressure for athletes to return to sport

Individual sportspeople who are injured may also be pressured by managers and coaches to continue to play, or to return early from an injury. This may risk worsening the existing injury and incurring long-term damage. Players and athletes may wish to continue to participate while injured or to return to competition while not fully fit. The sports doctor has a duty to give their objective opinion of the individual's fitness and wellbeing on clinical grounds, ensuring there is no doubt as to their conclusions.[20] The doctor's main responsibility is to the long-term health and wellbeing of the individual player or athlete. They should not assist the player to continue playing by, for example, providing pain killers, even if the player requests them. Doctors should inform the athlete of the diagnosis and the risks, so that they can take an informed decision with their management as to whether they should participate, and a note of any such discussion should be recorded.[14]

Performance-enhancing drugs

Doctors may from time to time be asked by players or athletes to provide them with performance-enhancing drugs and banned substances such as anabolic steroids. Doctors must clearly operate, and be seen to operate, within the law. The long-term health interests of the patients must be their primary concern.

Patient consent is always required to collect a biological sample for drug testing, and all such samples must be stored securely. A potential problem in this area relates to a patient's confidentiality and the request for non-disclosure by a patient concerning performance-enhancing drugs. The statement from the British Olympic Association (see **Box 1**) recommends that patient confidentiality should be respected, even if the athlete is taking or has requested a banned substance. It may be necessary for a doctor to break confidentiality when the use of banned substances could lead to serious harm to the athlete or their team mates.[14] The doctor needs to maintain the difficult balance between supporting the patient while not condoning the doping behaviour, and maintaining doctor-patient confidentiality while working as a team or club doctor.[26] As with any such disclosure, there must be good cause and the release should be as limited as possible in extent and in the number of people told.

There are many drugs used in everyday practice or available over the counter which may impact on the rules and regulations relating to performance enhancement and banned substances. This may be a particular problem for GPs providing treatment or care to an athlete or any doctor treating or advising an athlete who may be reasonably expected to return to competition. It is important for these doctors to be aware which drugs can lead an athlete to contravene anti-doping regulations and either to avoid prescribing or discuss the concerns with the athlete. It is possible to obtain a Therapeutic Use Exemption (TUE) in order to prescribe such drugs for medical use, but there are strict regulations governing the use of TUEs.[27] The BMA published a report in 2002 entitled *Drugs in sport: the pressure to perform*.[26] This report examines the roles and responsibilities of the doctor in this highly sensitive area, provides information to assist prescribing for sports people and highlights the potentially serious consequences and powerful adverse effects of drug use for non-medical purposes in sport.

Boxing

The BMA opposes both amateur and professional boxing and calls for a complete ban on this sport.[28] As a first step, the BMA believes there should be a ban on children below the age of consent from boxing. In December 2012, the BMA criticised UK Sport's decision to increase funding to boxing by 45 per cent in the run up to the 2016 Olympics.[29] Doctors often have concerns about providing care for sporting events such as boxing or child kickboxing. This care may involve a doctor being asked to examine or evaluate a boxer before a fight or provide ringside medical care during a boxing match. A doctor who is asked to examine a boxer or provide medical care at boxing events may have a conflict of interest in regards to his or her personal views. In the case of providing an examination beforehand, a doctor should be able to refuse to be involved, provided the individual boxer is referred to another physician. Doctors who have agreed to examine a boxer should outline the health risks to the boxer and, if relevant, their parents/guardians. Any certification of a boxer as fit to box can provide no guarantee or indicator of the likelihood of acute or chronic injury occurring during the forthcoming fight.[30] Medical provision at boxing matches is critical given the potential for serious head injuries (see **Case Study 2**). Please see the BMA's web resource on boxing at http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a21_1/apache_media/15BMGJ6PDYJ3HVSYNKPHV81SYB8ATR.pdf

The BMA also calls for a ban on mixed martial arts (MMA) fighting. MMA combines several types of martial arts, including boxing, Brazilian jiu jistsu, amateur wrestling and kickboxing. The nature of MMA leaves fighters vulnerable to many injuries, including subdural haematoma, thought to be the most common cause of fatalities in boxing.[31]

Case study 2: Michael Watson the boxer

In September 1991 the British boxer Michael Watson went into the ring for a World Boxing Organisation (WBO) super middleweight bout with Chris Eubank. After the fight was stopped in the twelfth round, Watson collapsed and became unconscious.

Watson had sustained an acute sub-dural haematoma, which required emergency operations, and left the 26 year old in a coma. He was paralysed down his left side, in need of round-the-clock medical care, and had to learn how to walk and talk again. In 1999 he won a High Court compensation claim against boxing's governing body. The British Boxing Board of Control (BBBC) was found to be negligent in the care that it had provided for Watson, who suffered brain damage during the bout. It was suggested that he would have made a much better recovery if a doctor skilled in specialist emergency treatment, had been available ringside to give immediate assistance.[32]

Following Watson's injuries the BBBC implemented stricter medical procedures, including a ringside doctor trained in resuscitation and head injuries. Neurosurgeons at the local hospital must be aware of the fight and there are numerous medical checks on the fighter both before and after the bout to check for injuries. While all of these new measures can help improve the medical care on hand for boxers, there is still significant risk of injury from this sport.

Remuneration

When providing assistance to sports clubs or events, doctors may do so on a voluntary or paid basis. Many positions are voluntary, but in some cases there may be some provision for remuneration or claim for expenses. For those receiving payment, the BMA is not able to offer suggested fees because, following an enquiry by the Office of Fair Trading, this could be deemed illegal under competition law. Doctors should set their own fees. This should be agreed with the event organisers before the event. The BMA Professional Fees Committee has produced guidance for doctors on setting their own fees which is available to members on the BMA website at:
http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees

Glasgow 2014 Commonwealth Games

The Glasgow 2014 Commonwealth Games is the biggest sporting and cultural event ever to be hosted in Scotland.[33] Like the London 2012 Olympics, the Commonwealth Games represents an opportunity for economic growth and urban regeneration in Glasgow, as well as the potential to create a cultural and social legacy across Scotland and the UK. From 23 July to 3 August 2014, 6,500 athletes from 71 countries will compete in 17 different sports, at 14 different venues around Glasgow and Scotland. In the 11 days of competition there will be a total of 256 medal events, including 22 Para-Sport medal events across five sports for elite athletes with a disability.

Our members report that volunteering at such events can be extremely rewarding – see Doctors' Experiences.

Box 2: Learning from the 2012 London Olympic Games

At the 2012 London Olympic Games there were:

- 5,000 medical volunteers
- 142 medical rooms, including those for spectators, across all competitions
- Up to 700 visits a day to each polyclinic during the middle weekend of competition
- More than 38,000 medical encounters in total
- 7,000 events seen by first responders, mostly crowd doctors and nurses
- Two spectators had cardiac arrests, with one fatality[34, 35]

Please note: These statistics were presented at the *International Forum on Quality and Safety in Healthcare 2013*. These are estimates only and are subject to official confirmation.

Volunteering at the Commonwealth Games

Applications to become a medical volunteer closed in February 2013. Over 50,000 people applied to volunteer at the 2014 Glasgow Games, a record number for a Commonwealth Games. From this number 15,000 will be appointed volunteers, including around 1,200 medical volunteers.[f]

Appointed volunteers will be invited to training programmes beginning early in 2014 (see **Box 3**). Medical services preparations will continue in to 2014, as the Medical Advisory Group to the Commonwealth Games, led by the Chief Medical Officer for Scotland, expands to include a number of clinical experts across a range of specialties. Medical services at the Games will rely heavily on highly skilled and specialised volunteers who will be responsible for the provision of medical services and coverage throughout the Games for athletes and officials, as well as first aid for spectators and the workforce in Games venues and other identified locations. Individuals must make sure they understand the terms of their involvement, have the support of their employers and have had their leave approved. No expenses will be paid to volunteers at the Commonwealth Games, although they will receive refreshments and any role-specific equipment required.[g, 36]

For further information please see the Commonwealth Games website: http://www.glasgow2014.com.

f A complete list of the medical specialities required at the Commonwealth Games, and the qualifications required for each, are outlined in detail at Glasgow 2014's website: http://www.glasgow2014.com/join/volunteering/medical-roles

g Those in Scotland will be able to apply for help with a range of issues such as additional costs of personal care for people with disabilities, respite care costs to allow carers to be confident their caring responsibilities are being met and additional childcare costs.

Box 3: Key dates for the 2014 Glasgow Games volunteer recruitment process

April to December 2013
Volunteer interviews take place. For some specialist roles the process will continue into 2014.

October 2013 to July 2014
Applicants receive a response to their application, in most cases by early 2014.

March to July 2014
Training programme gets underway. Volunteers will be asked to attend three training sessions (or four if they will be performing a leadership role).

April to August 2014
Volunteers will be provided with their Glasgow 2014 uniform, accreditation and with details of their Games Time shifts.

Indemnity cover

The BMA Board of Science has contacted the MDU, MDDS, MPS and SEMPRIS, all of whom have said that the situation on indemnity cover applies in the same way to the Commonwealth Games as any other sporting events. Unless they are working through a sports club which already has indemnity cover, doctors must arrange their own indemnity. Whether they are working on a voluntary or paid basis, doctors need to notify their medical defence organisation. They will need to provide details of their role in advance, especially whether they will be providing care for spectators or athletes, from the UK or abroad, and what their agreement is with any other organisations. This will ensure that they are paying an appropriate subscription.

There are specific differences between the medical defence organisations for doctors who provide medical cover for elite sports people – see **Appendix 2**.

Doctors' experiences

Experiences of BMA members providing medical care at sporting events and fixtures in a voluntary capacity are outlined below. A case study from a Sport and Exercise Medicine specialist is also included. Where possible, contact details have been provided for those members interested in finding out more about a particular case study.

Dr Simon Kemp – Chief Medical Officer, Rugby Football Union

'I have been covering sporting events since finishing my Diploma in Sports Medicine at the Royal London Hospital in 1992. Although I have covered a wide range of sporting events including the London Marathon, triathlons, mountain running, cycling, international basketball, professional tennis and Premiership football, my current focus is on rugby union. My involvement with professional rugby started in 1995 when I was the team doctor with the Wellington Hurricanes in the first Super 12 tournament. Rugby is a contact sport whose injury profile includes all the major joints and body regions, and where there is an acknowledged risk for potential life and limb threatening injury to occur. I recognised early on in my sports medicine career that if I was to cover an event, I needed to be adequately skilled, and that the standard hospital based trauma training courses were not adequate. Initially, I attended Pre-hospital Emergency Care (PhEC) courses which gave me a good grounding in the principles of Pre-Hospital Care Immediate Care but the programme had a strong focus on motor vehicle accidents and was less relevant to the scenarios that I was seeing in professional sport. In 2005, with Mr Andy Smith (now an Emergency Medicine Consultant in Wakefield), the Rugby Football Union (RFU) piloted our first Pitch Side Immediate Trauma Care Course. The programme has grown and is now called the Immediate Care in Sport Programme (**http://www.rfu.com/managingrugby/firstaid/coursesandguidelines/icis**) and, together with a number of other Faculty of Pre-Hospital Care endorsed immediate care sports courses, is seen as the current gold standard in sports immediate care training. The programme (yearly courses) has given me the knowledge and a decision making structure to enable me to feel confident in managing the sporting immediate care scenarios that, unlike emergency medicine practitioners, I don't encounter every day as part of my working week. I have become increasingly confident in managing head injuries, potential c-spine injuries, airway problems, chest and abdominal trauma and the peripheral limb fractures and dislocations that can all occur on the rugby field. Completing endorsed courses is now a minimum standard for many practitioners working in professional sport – we have moved on a long way since 1995.'

Dr Calum Semple, Alder Hey Children's NHS Trust consultant in paediatric respiratory medicine and Liverpool University senior clinical lecturer in children's health

As a shooting enthusiast, Dr Semple was delighted when he was chosen to lead the field of play recovery team at the Olympic shooting venue at the Royal Artillery Barracks.
He said: I do shooting as a recreational sport so I've ended up volunteering in something I'm interested in. I'm not the most athletic person myself but I do enjoy the sport so it's nice to be involved in some way.'

The highlight of his Olympic experience has been the teamwork. He said: 'We are working with a group of experienced sports physiotherapists, nurses and first responders who all have an interest in sport and really want to be here. The team is just phenomenal.'
Dr Semple emphasised the high standards of safety at the shooting events. He said: 'It's busy here but it's calm and very safe. We are there for the athletes and the officials to offer comfort and reassurance.

Shooting is a very safe sport so we're not expecting any injuries. People don't rush around. The shooting is done in a very controlled way. It's one of the safest sports there is.
The team has access to trauma kits and resuscitation bags if they need them, but all incidents have been very minor medical complaints. There have been a few trips and falls, a few headaches, that kind of thing.'

He said the most difficult part of the job was working in diverse sites and the crowded environment. You have to have very good communication and very good liaison with the stewards.'

Team GB's Peter Wilson won gold in the men's double trap final on August 2.

Available at: **http://bma.org.uk/news-views-analysis/in-depth-olympics/consultant-covers-shooting**

Julian Gaskin, orthopaedic trust registrar (specialty trainee 6 equivalent) in Worthing, West Sussex

'I am one of 70,000 Games-makers' – A volunteer's story

'The London 2012 Olympics? What an opportunity! Of course I volunteered, my excitement building gradually since the online registration in summer 2010, followed by the interview and my first test event at the ExCeL exhibition centre in London.

By November 2011, I was participating in the men's pre-bout boxing medicals, the field-of-play-team training, and watching the female boxing. The games-makers, 10,000 volunteers from all walks of life undertaking all kinds of roles, attended the orientation event at Wembley Arena in February 2012. I was one of 70,000 volunteers chosen from around 250,000 online applicants, and I felt privileged. That special feeling increased with role-specific training and the knowledge that only 5,000 people were chosen from around 15,000 medical and ancillary medical personnel.

Venue-specific training and two shifts followed, one of 12 hours at the Olympics Aquatics Centre, which certainly created further excitement. Next stop the games themselves, involving similar shifts and up to 11 days' volunteering for the Olympics and possibly the same for the Paralympics. This sounds like fun.

In fact, I was arriving home some 15 hours later, knackered after a hard day's work – actually more long than hard – but without a penny to show for it. It did not help when I read a news story that said some London transport workers will be earning bonuses of up to £6,200 just for turning up to work during the games, and double payments for important shifts such as those during the opening ceremony, not to mention overtime payments and enhanced pay packets for shifts extending beyond 1.30am.

I started to think of all of the things that I and other volunteers would be sacrificing to make the games work: taking annual or unpaid leave to do up to 12-hour shifts for training, test and Olympic events; travel costs into London (expensive due to early starts); accommodation costs in London to ensure I arrived on time for 6.30am shifts; forfeiting the chance to watch it all live on TV; and, of course, forsaking family.

It has also become clear that the responsibilities of medical volunteers are quite significant, and require more preparation than simply attending the training events. Brushing up on life-

support skills will be necessary if I am to feel comfortable as the sole sports medicine or crowd doctor on these long shifts, possibly covering more than 3,000 people with the help of auxiliary medical staff.

Despite these sacrifices, I already have an enormous sense of anticipation and expectation – not of others, but of myself. For if I do the best volunteering job that I possibly can, then – like the athletes – I will have been given the opportunity to perform to the peak of my abilities in the greatest show on earth.'

Available at: **http://bma.org.uk/news-views-analysis/in-depth-olympics/a-volunteers-story**

Dr Constantin Jabarin, Emergency Doctor

'I have provided medical cover for sporting events since 2001. This started with horse racing and was followed by becoming the Medical Director for the Bath Half Marathon, a position that I have held for the last 8 years. Since then my portfolio has increased to now cover a variety of events such as Bristol Half Marathon, Bristol 10K, T4 Concert on Weston Beach attracting over 45,000 spectators, Weston Bike Race with over 900 starters, and Castle Combe Circuit where I started as one of the doctors and in 2010 took over as Chief Medical Officer from Dr Jerry Nolan. I have also been a regular doctor at the British Grand Prix since 2008.

There are many reasons why doctors become involved in event/sports medicine. The first reason is – and should be because – they enjoy watching/being part of an event, whether it is motor racing, music or street running. The second reason is that they want to experience medicine outside the conventional working environment of a hospital or GP practice. They are also given exposure and pre-hospital medicine experience, which would enhance their CV's. Some, like myself enjoy the management aspect of event medicine. I enjoy the planning, and anticipating of every eventuality and then making sure you are in a position to be able to cope with it. There is also the buzz of being in the centre of an event, the responsibility of ensuring the safety of the participants, such as 12,000 runners in the half marathons.

If you do want to become involved, contact someone who is already doing 'what you think you may like' and ask if you can come and have a look. It may not be as exciting as you thought it would be, but more likely you will become hooked and want more!'

czjabarin@gmail.com

Keith Gunning, Consultant Surgeon

'For the past 12 years I have been one of three Track Medical Officers for Newcastle Diamonds Speedway Team. Speedway is motorcycle racing over four laps of a tight 400m shale track using 500cc bikes with no brakes and no suspension. Each race involves four riders travelling at 40 to 50 mph, and they can accelerate from a standing start faster than a Formula One car. There are fifteen races in a meeting, and it usually lasts 2 to 3 hours. The season runs from March to October.

Crashes are very common, but because of their protective clothing, most riders walk away and are more concerned about damage to their bikes than to themselves. Common injuries include fractured collarbones, dislocated shoulders and fractures to the lower leg. Spinal fractures and fractured femurs are also seen. We work closely with St John's Ambulance who provide plenty of personnel and two fully equipped vehicles. Their staff are trained in the use of Entonox and immobilisation using a long spinal board. Our policy is to 'scoop and run' to the nearest Emergency Dept which is only 10 minutes away.

Speedway has been in Newcastle for more than 80 years but runs on a financial knife-edge. Contributing my services helps to keep the sport alive, I spend time out of doors meeting interesting people who have no connection with hospitals or healthcare, and I am regularly practising trauma management which helps my NHS work. I am a Consultant Surgeon with a private practice so the MDU are happy to indemnify me for this work as part of my existing policy.'

keith.gunning@cddft.nhs.uk

Dr Hayley Allen, GP

'I am a GP in Milton Keynes but also have been an active member of a local St John's Ambulance group since the age of 10. Some of my colleagues and I cover the MK DONS football matches at the Stadium MK where I provide medical cover for the crowd. We have a medical room which is equipped with essential equipment, including a small amount of drugs, plus entonox and oxygen. I work from the medical room with the St John member in charge and the rest of the first aiders are distributed in the crowd. If a patient becomes unwell during a match they are either brought to the treatment room or I will get radioed out to them.

The crowd varies in size, the most we had was 17,000 but that's very rare. We have the back up of police and ambulance services on site through the match. To be honest at most matches we get very few casualties and most of them are minor things. There has been the occasional asthma attack but otherwise surprisingly quiet.'

hayleyallen864@gmail.com

Dr Ian Wilson, retired GP

'Until I retired I was a Senior Partner in a Group Practice in Stafford. I have been providing medical cover for motor racing power boating, point to point horse cross country and events for 25 years. I am Vice President for the Osprey International Powerboat Rescue Team and I am on the medical advisory panel for the Powerboat Division of the Royal Yachting Association. I have completed the Certificate of Pre-hospital Emergency Care and I have full details of my non-GMS work registered with my MDO.'

ian.wilson2@nhs.net

Dr Joe Cosgrove, Consultant in Anaesthesia

'For ten years I have volunteered as an Events Medicine Doctor for Durham County Cricket Club and for the last three years Chair of the Club's Medical Advisory Group. My work at the cricket club has included the following:

- Development of a code of practice for all volunteer doctors, outlining the basic principles of Events Medicine and Sport and Exercise Medicine. This has been ratified by the Faculty of Pre-Hospital Care, Royal College of Surgeons of Edinburgh.
- Development of the Club's Medical Contingency Plan and Major Incident Plan.
- Annual table-top major incident exercises, based on a particular cricket season's international fixtures at the Emirates Durham International Cricket Ground.
- Establishing a list of local cross-specialty medical experts for potential consultation by international teams as per International Cricket Conference (ICC) draft guidance on medical cover for competitors in international cricket.

I am also a MIMMS (Major Incident Medical Management and Support) Instructor and a voluntary adviser to the England and Wales Cricket Board on Events Medicine and major incident planning for international cricket in England and Wales. I work as Events Medicine Doctor at St. James' Park, Newcastle upon Tyne, for which I am paid, and I am currently awaiting an interview with LOCOG (London Organising Committee of the Olympic Games) for a medical volunteer role at the London 2012 Olympics.'

Joe.cosgrove@nuth.nhs.uk

Dr Tim Baker, GP

'I am a full-time GP at the University of Nottingham. I have a special interest in Sports Medicine and am a member of the Faculty of Sport and Exercise Medicine (FSEM) (UK). I am County Medical Officer for St John Ambulance Nottinghamshire which involves strategic planning, clinical governance and provision of care at a host of sporting and recreational events, such as marathons, athletics, cross country, martial arts, motor sport and music events.

In 2009 I was Chief Medical Officer to the Everest marathon (www.everestmarathon.org.uk). The Everest marathon is a charity event organised from the UK every two years and is the highest marathon in the world. I led a team of 6 medics looking after 80 athletes for 4 weeks of acclimatisation and then the marathon from Everest base camp (5,350m in Nepal) down to the small town of Namche Bazar.

I am interested in pre-hospital care and am a member of BASICS (British Association of Immediate Care Schemes), and look forward to being involved in the medical provision for the 2012 Olympic games.'

tmbaker@doctors.org.uk

Dr Marwan Al-Dawoud, GP and Sports Medicine Trainee

'I work for Wigan Warriors Academy providing emergency medical cover to the players during match days. For the England Womens team, I am responsible for all medical aspects of the players at home and abroad and work closely with the English Institute of Sport staff in providing the best possible level of care to our athletes. The kind of health problems vary enormously, from the obvious trauma and musculoskeletal medicine during matches and throughout seasons, working with other medical specialists during pre-season screening, to coughs, colds and upset bellies when out on tour. The blend of a variety of specialisms and skills, together with close interactions with a large multidisciplinary team makes Sport and Exercise Medicine a truly unique and exciting specialty.

To work within Rugby League, I had to complete the RFL's specific training course (approved by the Faculty of Pre-hospital Care of the Royal College of Surgeons of Edinburgh). My MDO has recommended that I obtain the relevant skills in this area (pre-hospital care courses, ATLS etc). They have been happy to provide indemnity and to discuss any implications of my work. One does not currently have to be an SEM specialist to do this work, however with an increase in the number of SEM specialists coming through coupled with the increased demand, it is something that is being preferred. I have found that high level sporting clubs require a Diploma or MSc in SEM as a minimum standard, so I am currently studying for the MSc.

I have also volunteered to work as part of the medical team (Polyclinic and emergency services) for the London 2012 Olympic Games. The application process ended in 2010, and I hope to hear back by the end of 2011.'

marwanaldawoud@googlemail.com

Dr Leigh Regan

'I work part-time as a sporting event medic. This job started as an unpaid elective placement with a company providing medical cover for sporting and charity events worldwide; and expanded from there. I now work for several expedition and sports companies and charities providing medical cover for sporting participants and spectators. The work and pay varies, but they often pay for food and accommodation, and most companies provide insurance.

In this role I deal with acute presentations of traumatic injuries ranging from medical, surgical, paediatric, orthopaedic and even psychiatric. I am still 'finding my feet' somewhat in this area, but I did my intercalated degree in emergency care and have completed a medicine in remote areas course and an expedition medicine course. I am currently in the process of narrowing down my choices to start a masters next year as I am mainly interested in sports medicine with an expedition twist. I would really recommend this area of work. I find it challenging and yet enjoyable working in a variety of settings with limited resources. The experience, clinically and in general, is brilliant, you get to see some amazing things and also I really think it adds to your overall skills base – things like team work and adaptability spring to mind.'

leigh-regan@hotmail.co.uk

Dr Andy Lim, Associate Specialist in Anaesthesia

'I have been providing medical cover for motorsport events since 1992. I function primarily at road circuits rather than rallies and motorbikes and my primary circuit these days is Silverstone. I am one of 40 doctors providing medical cover for the British Grand Prix and I have been doing this since 1993. I started out trackside, covering the start-finish line, and then progressed to the pitlane. I now man one of 3 medical fast response cars stationed around the circuit. As well as these three there is the main FIA (Fédération Internationale de l'Automobile) medical car which carries an anaesthetist and a local UK doctor. I have reduced the number of events that I cover during the years as I have got older and now do 3-8 events per year rather than 12+. I would recommend looking at the FIA medical handbook 'Medicine in Motor Sport' (available at http://www.fiainstitute.com/publications), to which I have contributed. I also teach on the Royal Automobile Club Motorsport Association ATLS course held annually at Silverstone since 1994, which is geared towards motorsport doctors.'

andylim@lansdown.freeserve.co.uk

Dr Gareth Bashir, SpR in Colorectal Surgery

'I have been providing medical cover for international events organised by British Fencing for the last few years. My interest in fencing stems from when I was younger. I was formerly an elite fencer representing both Great Britain and Wales which culminated in a Commonwealth Games Silver medal in Canada in 1994. The UK holds a number of international fencing tournaments attracting fencers of all age groups from all over the world. With London 2012 around the corner the UK has attracted more World Cup events in the last few years and the EIS Sheffield will be hosting the Senior European Championships this summer.

International tournaments must be supported by a paramedic crew and the teams often bring their own sports physiotherapist. Therefore, my role is predominately supervisory but I am also there to provide medical attention when required. As with most sports, safety equipment is taken very seriously so serious injuries are fortunately rare. Most injuries are sprained ankles, knees and wrists. A doctor has to be called when a fencer sustains an injury which stops a bout. I have to assess and treat the fencer within 10 minutes – if it takes longer the fencer has to retire and forfeit the bout. Any fencer with a treated injury is not allowed to stop a bout for the same injury again. I can also independently retire a fencer if I deem that their injury is too serious to continue in the competition. The regulations are that a doctor must be present at all times during the competition. So if someone has to go to hospital and I have to go with them, then the competition has to stop. My medical indemnity covers me for this role. Providing medical support for spectators is not within my remit but I would of course act as a Good Samaritan.

My other main role is for Doping Control. Along with the Doping Control officers I have to randomly choose 2 fencers from the final to be tested. I then have to formally identify the fencers at the end of the competition and introduce them to the officers for testing. Expenses are offered for this role but I usually decline as it gives me a chance to immerse myself back into the sport 2 or 3 times a year. I am an ATLS Instructor but I also did the PHTLS course to further prepare me, and I have volunteered for London 2012.'

garethbashir@nhs.net

Dr Daniel Perry, Specialist Registrar, Trauma and Orthopaedics

'For about the last 5 years I have become quite heavily involved in providing medical cover at equestrian events. After starting to be involved a few colleagues and I realized that there was a wide variety of medical experience at such events, and that opportunities to demonstrate 'competence' for revalidation were in short supply. Equestrian trauma poses its own unique problems for animals, obstacles, remoteness and injury patterns. Consequently, a few colleagues and I established a pre-hospital care course for likeminded doctors. The Emergency Care at Equestrian Events Course has trained over 100 doctors in the UK, and was adapted in 2008 for the Beijing Olympics (Equestrian events held in Hong Kong).

Providing cover is hard work and not for the faint hearted. Since starting I've encountered everything up to and including femoral fractures, an acute cord transection and a fatality. Whilst the majority of events are relatively 'injury free' a doctor needs to be prepared for everything especially knowing what help and equipment is available on site (and what a doctor needs to carry), along with the location and nature of trauma services.

Having a good network of colleagues with similar experience is really useful to pool resources, share experiences and discuss 'what-ifs'. The Medical Equestrian Association (see **Appendix 3**) is really good to meet such individuals. I write to my medical defence organisation detailing what I will be doing before each event I cover. They have always been supportive. Furthermore, if a doctor is going to get involved in sports with a significant risk of major injury then my advice would be to be prepared, have your own appropriate equipment, get experience from others and don't do it alone.'

danperry@doctors.org.uk

Dr Paul Simpson, GP

'I am a GP in Kendal, I completed the Diploma in Sports medicine (Bath) in 2009. Having struggled to find anyone to provide physiology testing and coaching experience as part of the course I eventually did sessions with "theendurancecoach.com" who also organise the Lakeland Ultra hundred and Ultra 50 Races, possibly the roughest and/or toughest ultra running event in the UK. I felt that I owed them a favour, and fell running is my main interest, so I now act as the race doctor on a voluntary basis. My medical defence organisation are happy to cover me for this work.

It's easy to feel rather isolated in a role such as this and the race doctor for the West Highland Way Race provided me with very helpful advice prior to the first event. I spend my time worrying about collapse and hyponatraemia but mainly dealing with blisters (and a few other interesting injuries). I hope as the event gets bigger the role will develop. I have a current ATLS certificate, and maintaining the necessary skills requires effort and time but is worthwhile for the clinical variety, interest and challenge.'

simpsonpaul@mac.com

Paul Morillon, Medical Student

'There are many opportunities for those of us in the humble position of a medical student to get involved at sporting events. Having volunteered with St John Ambulance for almost three years now, I have improved my ability to manage what are generally minor conditions, but can sometimes involve more serious complications. Although it can be time consuming to keep up to date with training and duties, which range from high profile football matches to triathlons and the London Marathon, it is certainly refreshing to be treating patients, especially in the pre-clinical years of a medical degree. It's allowed me to get involved with medical care at other events, such as music festivals and the 2012 Olympics, and will perhaps make me consider a career in this field.'

paul.morillon.10@ucl.ac.uk

Appendix 1: The medical defence organisations

There are three main medical defence organisations in the UK – the Medical Defence Union (MDU), the Medical Protection Society (MPS) and the Medical and Dental Defence Union of Scotland (MDDUS). The medical defence organisations are mutual companies providing indemnity and other benefits to their members on a discretionary basis. There is also a fourth indemnity scheme provider, SEMPRIS, which is available to all GMC registered members who treat, or expect to treat, professional sports people. Doctors may also have their indemnity provided by insurance companies.

Medical Defence Union

Contact
Tel: 020 7202 1500
Email: mdu@themdu.com
Website: www.themdu.com

Medical Protection Society

Contact
Tel: 0845 605 4000
Email: info@mps.org.uk
Website: www.medicalprotection.org/uk

Medical and Dental Defence Union of Scotland

Contact
Tel: 0845 270 2034
Email: info@mddus.com
Website: www.mddus.com

SEMPRIS

Contact
Tel: 020 8652 9018
Email: info@sempris.co.uk
Website: http://www.sempris.co.uk/

Appendix 2: Indemnity provided for doctors treating players from Premier League football clubs

The BMA Board of Science has contacted the MDU, MDDS, MPS and SEMPRIS, regarding indemnity for doctors treating players from Premier League football clubs. The indemnity offered to doctors treating highly-paid sportspeople is a pertinent matter as these athletes, and the organisations they play for, are worth considerable sums of money. It is imperative that you check with your MDO about your specific circumstances.

The **Medical Defence Union (MDU)** can provide indemnity for clinical negligence claims to members who treat professional sports players, including Premier League footballers. Members who undertake work with professional sports people should contact the MDU to provide specific details of their practice and to confirm the availability of indemnity for any such work undertaken. The MDU will not usually agree to extend the benefits of membership to indemnify claims brought by third parties such as sports clubs, sponsors or agents who may have an association with an injured sports-player patient. Members who work directly with sports clubs or teams are encouraged to approach the MDU for advice about how they could go about limiting their individual liability.

The **Medical and Dental Defence Union of Scotland (MDDUS)** does not provide indemnity to members who are full time employees of Premier League Football Clubs. They will provide indemnity for doctors providing care for individual footballers, as long as the professional and contractual relationship is with the player alone. The MDDUS provide cover for sports doctors working with all other sportsmen and women, providing they are playing in the UK or with a UK based team and any claim is made in a UK court. They advise members to contact them to confirm the details of their work practice and that their indemnity is appropriate for all aspects of their work.

The **Medical Protection Society (MPS)** does not offer indemnity to any doctor who works for a Premier League football club in any capacity. They will provide discretionary indemnity to medical professionals who provide care for other sportsmen and women, and advise all doctors and dentists who require indemnity for this aspect of their work to contact them to discuss their particular needs. Their most recent guidance can be found at: www.medicalprotection.org/uk/guide/treating-elite-sportsmen-and-women.

SEMPRIS offers dedicated indemnity cover for doctors and consultants whose private practice includes the treatment of professional and elite sports people. In addition to standard MDO indemnity cover, SEMPRIS will additionally respond to subrogated and third party claims from a sport person's employer, club, agent or sponsor – providing cover for damages, claimants' costs and/or defence costs relating to the alleged negligent treatment of a player/athlete.

There are other elite athletes who earn large sums (eg golfers, rugby players). Doctors who treat such athletes are also advised to contact their medical defence organisations to check their membership is appropriate to the work they are undertaking. Private insurance companies can also provide indemnity, and some have products tailored towards SEM doctors.

Appendix 3: Organisations, courses and further information

Please note: The information provided here is for your information and is not intended to be exhaustive. All external links are provided for your convenience: the inclusion of any link does not imply the BMA's endorsement of the website, its operator, or its content. The BMA is not responsible for the content of any external website.

As highlighted throughout the section 'The roles of a doctor at sporting events', doctors who have an interest in sports medicine and want to be involved in sporting events or sports clubs, need to consider undertaking the appropriate education and training. Links to these courses, as well as to other relevant organisations and information are outlined below.

Advanced Life Support Group (ALSG)

ALSG is a charity that provides a wide range of training including:

- MIMMS – Major Incident Medical Management & Support
- HMIMMS – Major Incident Medical Management & Support: Hospital
- HAZIMMS – Major Incident Medical Management & Support: CBRN
- HMIMMS – Team Provider
- MIMMS – Team Provider

Contact
Tel: 01617 41999
Email: enquiries@alsg.org
Website: www.alsg.org

The British Association of Sport and Exercise Medicine (BASEM)

BASEM is the largest representative body for sport and exercise medicine in the UK. They offer a number of courses for doctors with an interest in sports medicine or who are looking at providing assistance at a sporting event including the:

- BASEM Foundation Course
- BASEM Clinical Skills Course
- BASEM Diploma Revision Courses

BASEM has links to a range of other courses including the following:

- Advanced life support course (ALS)
- Advanced trauma life support® course (ATLS®)
- Pre-hospital trauma life support course (PHTLS)
- The National Sports First Aid Course

BASEM has links to universities which offer postgraduate courses in sport and exercise medicine.

They also have links to organisations and companies that provide medical indemnity insurance for SEM doctors. See http://www.basem.co.uk/index.php?PageID=1099

Contact
Tel/Fax: 01302 822300
Email: enquiries@basem.co.uk
Website: www.basem.co.uk

British Association of Immediate Care (BASICS UK)

BASICS act as the national coordinating body for both schemes and individuals providing immediate medical care throughout the UK. BASICS is an association of highly-trained immediate care practitioners who provide their services in support of the ambulance service, including at major incidents, mass gatherings and large sporting events. BASICS offer a range of courses to both members and non-members including:

- Five-day Immediate Care Course
- Pre-hospital Emergency Care Course
- Advanced Pre-hospital Emergency Care course
- Refresher Course
- Paediatric Education for Pre-hospital Professionals (PEPP)
- Pre-hospital Paediatric Life Support (PHPLS)

Contact
Tel: 01473 218407
Email: admin@basics.org.uk
Website: www.basics.org.uk

British Association of Immediate Care Scotland (BASICS Scotland)

BASICS Scotland provide immediate care and skilled medical attention in the pre-hospital setting. This primarily involves attending any medical emergencies that occur on our patch as part of a coordinated response with the other emergency services – primarily the Scottish Ambulance Service. Courses run by BASICS Scotland for healthcare professionals assisting at sporting events include:

- Immediate care – part 1
- Immediate care – part 2 Immediate Medical Care – Refresher
- Pre-hospital Emergency Care (PhEC) – certificated by the Royal College of Surgeons of Edinburgh
- Pre-hospital Paediatric Life Support (PHPLS) – certificated by the Advanced Life Support Group
- Major Incident Medical Management and Support (MIMMS) – certificated by the Advanced Life Support Group
- Hospital Major Incident Medical Management and Support (HMIMMS) – certificated by the Advanced Life Support Group
- Emergency Medicine Course – part one and two

Contact
Email: admin@basics-scotland.org.uk
Website: www.basics-scotland.org.uk

British Journal of Sports Medicine

British Journal of Sports Medicine is an international peer review journal covering the latest advances in clinical practice and research. Topics include all aspects of sports medicine, such as the management of sports injury, exercise physiology, sports psychology, physiotherapy and the epidemiology of exercise and health.

Contact
Email: bjsm@bmjgroup.com
Website: http://bjsm.bmj.com/

British Olympic Association

The British Olympic Association delivers extensive support services to Britain's Olympic athletes and their National Governing Bodies throughout each Olympic cycle to assist them in their preparations for, and performances at, the summer and winter Olympic Games.

Contact
Tel: 020 8871 2677
Email: boa@boa.org.uk
Website: www.olympics.org.uk

The Commonwealth Games Federation

The Commonwealth Games Federation (CGF) is the organisation that is responsible for the direction and control of the Commonwealth Games.

Contact
Tel: 020 7491 8801
Email: info@thecgf.com
Website: www.thecgf.com

Department for Culture, Media and Sport

Tel: 020 7211 6000
Email: enquiries@culture.gov.uk
Website: http://www.gov.uk/government/organisations/department-for-culture-media-sport

Doctors at events

Doctors at events devise and deliver courses in pre-hospital care. This includes the Emergency Care at Equestrian Events (ECEQE) course. The ECEQE is a specialist course for doctors who provide emergency care at equestrian events and this course was adapted for the doctors providing support at the Beijing Olympics three-day event (see **Case Study 1**). They have also devised a one day introduction to pre-hospital care and trauma care course for medical students, which is aimed at equipping medical students with the skills they could need should they come across an accident.

Contact
Email: info@doctorsatevents.com
Website: www.doctorsatevents.com

Faculty of Pre-Hospital Care (FPHC) of the Royal College of Surgeons of Edinburgh

The Faculty of Pre-Hospital Care (FPHC) was founded in 1996 as part of the Royal College of Surgeons of Edinburgh. The aim of the Faculty is to promote high standards of teaching and research in pre-hospital care and to set and maintain standards of clinical practice. Their affiliated examination is the Diploma in Immediate Medical Care (DIMC). Following the DIMC doctors can follow a four-year mentored preparation for the Fellowship examination in Immediate Medical Care of the Royal College of Surgeons of Edinburgh. The FPHC organises courses to prepare doctors who are participating as crowd doctors at major sporting events, including:

- immediate medical care 'crowd doctor' generic courses
- immediate medical care refresher and skills update course for existing crowd doctors.

The FPHC website also contains an approved list of pre-hospital and immediate care in sport courses. The sports courses that have gained approval/endorsement include:

- RFU Immediate Care in Sport (ICIS)
- SRU Medical Cardiac and Pitch Side Skills (SCRUMCAPS)
- RFL Immediate Medical Management on the Field of Play (IMMOF)
- FA Resuscitation and Emergency Aid (AREA)
- IFSEM Standard Principles of Resuscitation and Trauma Immediate Care (SPoRTs)
- Emergency Medical Management in Individual and Team Sports (EMMiITS)
- FPHC Crowd Doctors & Mass Gatherings Course

Contact
Tel: 0131 527 1732
Email: contact@fphc.info
Websites: http://www.rcsed.ac.uk/the-college/faculty-of-pre-hospital-care.aspx
http://www.fphc.co.uk/

Faculty of Sport and Exercise Medicine (FSEM)

In 2005 sport and exercise medicine (SEM) was officially recognised as a new specialty in the UK and the Faculty of Sport and Exercise Medicine (FSEM) was subsequently launched in 2006. FSEM is a faculty of the Royal College of Physicians of London and the Royal College of Surgeons of Edinburgh and has the responsibility for creating and developing the new specialty of sport and exercise medicine. Their role includes setting the standards in sport and exercise medicine; aspects of education, training and assessments; detailing the competencies required in sport and exercise medicine; and representing the specialty.

FSEM has a Professional Code for SEM doctors and other information available on their website. They also have links to universities that offer postgraduate courses in sport and exercise medicine.

Contact
Tel: 0131 527 3404
Email: enquiries@fsem.ac.uk
Website: www.fsem.co.uk

Fédération Internationale de Médecine du Sport (FIMS)

FIMS is an international organisation that aims to promote the study and development of sports medicine throughout the world, and to assist athletes in achieving optimal performance by maximising their genetic potential, health, nutrition, and high-quality medical care and training.

Contact
Website: www.fims.org

Football Association

The English Football Association (FA) runs the following courses for crowd doctors

- A new updated two-day Immediate Medical Care Course for crowd doctors (for those applying 2002 onwards).
- For existing Crowd Doctors (pre-2002), a one-day Crowd Doctor Refresher and Skills Update Course.

Contact

Website: www.thefa.com

Glasgow 2014

'Glasgow 2014' is the official name for the Organising Committee responsible for the delivery of the Glasgow 2014 Commonwealth Games. Their website contains information on all aspects of the games, including a section on volunteering, which provides in depth information on the various medical volunteer roles.

Contact

Tel (volunteers): 030 3333 2014.
Tel (general): 030 3333 2014
Website: www.glasgow2014.com

The Medical Equestrian Association (MEA)

The aims of the MEA include to improve medical cover at equestrian events and to provide training and education in the management of equestrian accidents and injuries.

Contact

Website: http://www.medequestrian.co.uk

Resuscitation Council UK

The aim of the Council is to facilitate education of both lay and healthcare professional members of the population in the most effective methods of resuscitation appropriate to their needs.

Contact
Tel: 020 7388 4678
Email: enquiries@resus.org.uk
Website: www.resus.org.uk

Rugby Football Union

The Rugby Football Union (RFU) runs an extensive Immediate Care in Sport (formerly PSITCC) training programme for healthcare practitioners working in sport. The programme which started in 2005 is endorsed by the Faculty of Pre-Hospital Care.

Contact:
Email: hazelpenfold@rfu.com
Website: http://www.rfu.com/managingrugby/firstaid/coursesandguidelines/icis

Sport England

Tel: 0845 8508508
Email: info@sportengland.org
Website: www.sportengland.org

Sport Northern Ireland

Tel: 028 90 381222
Email: info@sportni.net
Website: www.sportni.net

Sport Scotland

Tel: 0131 317 7200
Email: sportscotland.enquiries@sportscotland.org.uk
Website: www.sportscotland.org.uk

Sport Wales
Email: info@sportwales.org.uk
Website: www.sportswales.org.uk

St John Ambulance
Tel: 08700 104950
Website: www.sja.org.uk/

UK Sport
Tel: 020 7211 5100
Email: info@uksport.gov.uk
Website: www.uksport.gov.uk

World Anti-Doping Agency (WADA)
The World Anti-Doping Agency has information on prohibited drugs and on the guidelines around Therapeutic Use Exemptions.

Contact
Website: www.wada-ama.org

World Medical Association (WMA)
The WMA have guidance on their website entitled *World Medical Association Declaration on Principles of Health Care for Sports Medicine* at http://www.wma.net/en/30publications/10policies/h14/

Contact
Website: www.wma.net

Appendix 4: Qualifications relevant to pre-hospital emergency medicine

The hierarchy of qualifications relevant to the whole spectrum of pre-hospital emergency medicine in ascending order are:

- The Pre-hospital Emergency Care Certificate
- The Diploma in Immediate Medical Care of the Royal College of Surgeons of Edinburgh
- Fellowship in Immediate Medical Care of the Royal College of Surgeons of Edinburgh

Other certificated courses covering specific aspects of pre-hospital emergency medicine include:

- Paediatric Education for Pre-hospital Professionals (PEPP)
- Pre-hospital Paediatric Life Support course (PHPLS)
- Pre-hospital Trauma Life Support course (PHTLS)
- Major Incident Medical Management and Support (MIMMS)
- Emergency Care at Equestrian Events (ECEQE)

Certificated Courses with skill content partially transferable to pre-hospital emergency medicine include:

- Advanced Life Support course (ALS)
- Anaesthetic Trauma and Clinical Care (ATACC)
- Advanced Trauma Life Support® course (ATLS®)
- Advanced Paediatric Life Support Course (APLS)

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Board of Science
British Medical Association, BMA House, Tavistock Square, London, WC1H 9JP
bma.org.uk