Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Response from the Faculty of Public Health to the Department of Health for England Consultation on Proposals for a New Medical Specialty: Sport and Exercise Medicine

The Faculty of Public Health welcomes the opportunity to respond to this consultation and comments have been put together by members of the Faculty's Cardiovascular Health Working Group.

General comments:

1. The Faculty welcomes the recognition of the need to develop a strategic approach to sport and exercise and the importance of this to the population. However, an opportunity for promoting the benefits of increased exercise to the whole population linked to a nationwide structure for advice and support may be lost, if the speciality becomes too "medicalised" and too "focussed on treatment".

Particular concerns about the detail and focus of the current proposals:

2. Whilst there are numerous references to community, community development and involving the community etc, the actual proposals reflect the background of the authors and the professional expertise of consultees ie. those mainly from a medicine and/or sports background. There is no obvious representation from community development expertise. This has led to a paucity or absence of any detail regarding the role of the medical specialist within communities and in exercise/activity promotion and hence little reference to these issues within the competency framework. For example:

   2.1 The main emphasis seems to be based on the doctor/health professional–patient consultation model. How will this allow time or opportunity for community involvement?

   2.2 The reference to experience – point 4 in the section Health Benefits of Exercise – referring to "educational talks to community groups promoting the health benefits of exercise" – demonstrates lack of understanding of how to engage effectively with communities ie. it is much more involved than simply 'giving talks'.

3. The main thrust of the consultation is very much sport focused rather than promoting physical activity per se:

   3.1 There are several references to supervision of 'sports teams'. It is not clear how this supports or involves communities, as the impression given is that these sports teams will be rather 'elite'.

   3.2 There are references to working within the sporting environment, supporting accident and emergency departments, trauma and orthopaedics, rheumatology, general practice, occupational health, drugs in sport rehabilitation, for example, as well as working in medical teams. There is no clear indication of how a clinical specialist's job plan might deliver all of these different aspects.

   3.3 There is no mention of repetitive strain injuries from physical activity which clearly has links to the repetitive nature of sports injuries.

4 St Andrew's Place • London • NW1 4LB • Tel: 020 7935 0243 • Fax: 020 7224 6973
Email: enquiries@fph.org.uk • Website: www.fph.org.uk
Registered Charity No: 263894

3.4 There is a claim that specialists trained in sport and exercise medicine will enhance the development and uptake of physical activity programmes. However, there is little in the proposals to indicate how this might be achieved.

3.5 There is a suggestion that this new speciality will help reduce pressure on waiting lists and other NHS services, but the danger is that it may generate waiting lists particular to it as a specialty.

3.6 It is not clear what is meant by reference to "multidisciplinary teams". Clarification is needed on their role, who would be involved, individual responsibilities and who would have responsibility for leading the team.

3.7 There is also reference to the fact that higher medical training in sport and exercise medicine may provide experience in both the National Health Service and the private sector – it is not clear what the relationship in this situation would be, and there is the danger that NHS funding may be used to subsidise the private sector through training and cost of training etc. This would need clarification, particularly as there is currently a thriving private sector market for this type of advice.

Conclusion:

4. The thrust of the proposal appears to be to develop further the medical model of exercise with a marked emphasis on sport rather than physical activity. The consultation refers to community activity in places to try and demonstrate a broad understanding. However, this confuses the aim of the proposal.

5. It would be entirely possible to build on current education and knowledge, as well as incorporate into the NHS Plan the need for districts and primary care trusts to have access to specialist knowledge, on both sport and physical activity, and to lead programmes for increasing physical activity in the population.

6. The notion of developing sport and exercise medicine as a clinical specialism, in its current form, has the potential for diverting energy and resources away from the real need to develop a nationwide infrastructure of advice and support from a wide range of experts to increase general levels of physical activity within the population.

7. There may well be a need for particular clinical expertise to support such an infrastructure (outlined in point 6), but it is important that that both the infrastructure and the specialism are developed together, thereby ensuring that the appropriate emphasis is accorded to each element.