

# An information resource for doctors providing medical care at sporting events

August 2011



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A publication from the BMA Science and Education department and the Board of Science.

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## Acknowledgements

The Association is grateful for the help provided by the BMA committees and outside experts and organisations. We would particularly like to thank:

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| <b>BMA Members</b>         | for contributing their experiences  |

Cover photograph: iStockphoto

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## About this resource

The purpose of this resource from the British Medical Association's (BMA) Board of Science (BoS) is to provide information for BMA members who are interested in, and considering providing medical care at sporting events in a professional (whether paid or unpaid) capacity. There are 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. It aims 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 (MDO) prior to providing care, or assisting in any professional capacity at a sporting event.

This work 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: the pressure to perform* (2002).

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

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# Abbreviations

A&E	Accident and Emergency
ALS	Advanced Life Support course
APLS	Advanced Paediatric Life Support Course
AREA	Advanced Resuscitation and Emergency Aid
ATACC	Anaesthetic Trauma and Clinical Care
ATLS®	Advanced Trauma Life Support® course
BASEM	British Association of Sport and Exercise Medicine
BASICS	British Association for Immediate Care
BBBC	British Boxing Board of Control
BOA	British Olympic Association
DCMS	Department of Culture, Media and Sport
DIMC	Diploma in Immediate Medical Care
ECEQE	Emergency Care at Equestrian Events
FA	Football Association
FIMS	Fédération de Médecine Sportive (International Federation of Sports Medicine)
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
HMIMMS	Hospital Major Incident Medical Management and Support
HPA	Health Protection Agency
HSE	Health and Safety Executive
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
LOCOG	London Organising Committee of the Olympic and Paralympic Games Limited
MDDUS	Medical and Dental Defence Union of Scotland
MDO	Medical defence organisation
MDU	Medical Defence Union
MEA	Medical Equestrian Association
MIMMS	Major Incident Medical Management and Support course
MPS	Medical Protection Society
NHS	National Health Service
PEPP	Paediatric Education for Pre-hospital Professionals
PHEC	Pre-Hospital Emergency Care course
PHPLS	Pre-Hospital Paediatric Life Support course
PHTLS	Pre-Hospital Trauma Life Support course
SEM	Sport and exercise medicine
TUE	Therapeutic Use Exemptions
UK	United Kingdom
WBO	World Boxing Organization
WMA	World Medical Association

# Contents

Introduction	1
The roles of a doctor at sporting events	3
Responsibilities of the doctor	12
Potential risks and matters of indemnity for doctors	15
Ethical concerns	17
London 2012 Olympics	24
Members' experiences	27
Appendix 1: The medical defence organisations	41
Appendix 2: Indemnity provided for doctors treating	42
Appendix 3: Organisations, courses and further information	43
Appendix 4: Qualifications relevant to pre-hospital emergency medicine	53
References	55



## Introduction

Doctors and healthcare professionals often 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 supports 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 therefore need to be well-prepared, properly equipped and able to adapt to these challenges. Unfortunately, a doctor may potentially 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, 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 MDO 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 is a distinction 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.

With the London 2012 Olympics requiring 5,000 medical volunteers, doctors will play a key role, particularly in providing medical care to both spectators and Olympic athletes. As with the day-to-day running of sport in the UK, the input of doctors will be a critical part of Olympic organisational success. Application for medical volunteers closed on 27 October 2010. Following test events offers will be sent out from October 2011. This resource includes specific guidance for doctors providing medical care at the 2012 Olympics.

For further reference and information please refer to:

- *The event safety guide* from the Health and Safety Executive (HSE)<sup>1</sup>
- *Guide to safety at sports grounds* from the Department of Culture, Media and Sport (DCMS).<sup>2</sup>

## 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 United Kingdom (UK) in any capacity must be medically qualified and have a licence to practice from the General Medical Council (GMC).<sup>a</sup> 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 resuscitation procedures, airway maintenance and spinal fracture immobilisation.<sup>3</sup> It is important to note that 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.<sup>b</sup> It is important to note, however, that each role will have different requirements and that each sport/event is governed differently. The BMA advises that a doctor should always contact the event organiser and consult their MDO prior to assisting or providing care at a sporting event, in order to discuss their individual circumstances. There are three main MDOs in the UK – the Medical Defence Union (MDU), the Medical Protection Society (MPS) and the Medical and Dental Defence Union of Scotland (MDDUS). See **Appendix 1** for the MDO contact details. Doctors may also have their indemnity provided by other insurers.

a It is important to note that 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 Retired doctors who still have a licence to practise from the GMC and want to assist at sporting events would 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.

## 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. SEM 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 changes in climate.<sup>4</sup>

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. In these cases, 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.<sup>5</sup>

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.<sup>6</sup> 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 MDOs or private insurance companies. It is essential that such doctors confirm with their employer whether or not they are indemnified and discuss their indemnity options with their MDO or insurer. For information on indemnity provided by the 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 foundation programme training before commencing specialist training in SEM.<sup>4, c</sup>

Most SEM doctors who work at sporting events will also complete a pitch side care course and many are trained in major incident management. For further information on SEM as a specialty, including a Professional Code<sup>5</sup> for SEM specialists and the specialty training curriculum, refer to the Faculty of Sport and Exercise Medicine (FSEM) – 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 (ie 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 is a leading cause of sudden cardiac death in young athletes and current advanced life support skills are therefore 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').

<sup>c</sup> The arrangements for postgraduate medical training and the implementation of Modernising Medical Careers (MMC) are currently under review and subject to change. The 2008 Independent Inquiry into MMC led by Sir John Tooke has recommended a number of changes to the structure of postgraduate training in the UK. Further information can be found on the **MMC Inquiry website**. Information on the Government response to the Inquiry can be found on the **Department of Health website**.

### *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. It thus requires much knowledge and many other skills beyond the ordinary practice of medicine under extraordinary circumstances. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) has recommended that any doctor, regardless of their specialty, should have completed **as a minimum** the Pre-hospital Emergency Care (PHEC) course.

The British Association for Immediate Care (BASICS) 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. The Faculty of Pre-Hospital Care (FPHC) of the Royal College of Surgeons of Edinburgh also has information on pre-hospital and immediate care courses. For a list of the 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 training courses at the 2008 Beijing Olympics**

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 last Olympic Games in Beijing in 2008. The MEA members have experience of assisting and providing pre-hospital trauma provision at equestrian events at a local, national and international level. 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 Olympic and Paralympic equestrian events.<sup>7</sup>

The 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.<sup>7</sup> Other aspects of the course involved teaching personal safety around horses and administering medical care in unfamiliar environments found on an equestrian course (ie against a fence or in a water jump).<sup>7</sup>

## **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 role.<sup>8</sup> 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 in the event of a major incident.<sup>8</sup> All doctors and medical staff must fully understand and preferably have exercised their role in the major incident plan before the day of the event.<sup>2</sup>

A major incident is defined by the HSE 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'.<sup>9</sup> 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 set up under the Civil Contingencies Act. 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 National Health Service (NHS), the Health Protection Agency (HPA) and the ambulance service. Advice is also taken from a scientific and technical advisory cell which is made up of, among others, public health doctors. Doctors can have input in a gold, silver or bronze category in response to a major incident.

Doctors at the operational level in the event of a major incident will work 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. In this respect, it is important to note that during the 2012 Olympics there will be over 30 sites outside of London, all of which will have a medical team but some may not have immediate access to a hospital.

A doctor involved in the management of a sports event should have recent experience (within two years) 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.<sup>1</sup> The event co-ordinator 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 PHEC<sup>1</sup>. For details of these courses see **Appendix 3**.

## **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.<sup>2</sup> 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 (ie the ambulance service) if required and should be aware of the plan and necessary actions required in the event of a major incident.<sup>2</sup>

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.<sup>2</sup> 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* recommends that the crowd doctor be qualified and experienced in pre-hospital immediate care and that they have completed the PHEC, the MIMMS or have equivalent relevant experience.<sup>2</sup> 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 for example, 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 an important 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-professional capacity (ie 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:<sup>10</sup>

*In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.*

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 MDO, 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. Nonetheless, it may be a difficult decision whether to intervene in emergencies for which they are ill equipped. Doctors need to be well aware of their own limitations and never act beyond their competence if there is a viable alternative.<sup>11</sup> Any treatment or care provided in a Good Samaritan situation would be classed as a clinical intervention. A doctor must therefore record the name of the patient, make a clinical record of what they are doing and give their contact details to the appropriate official.<sup>12</sup> 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.<sup>11</sup>

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 MDO.

## 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 *Good medical practice* (2006), 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 sound medical knowledge
- providing a good standard of practice and care
- ensuring good communication with the patient
- ensuring doctor-patient confidentiality.<sup>10</sup>

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
- 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, and its policy around the withdrawal and substitution of injured players.

## **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 and to define a doctor's 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 MDO 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 – doctors should become familiar with local services, especially if travelling outside known healthcare systems, in case competitors require transportation to hospital should a serious injury occur. If necessary, 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 the standards as set out by the relevant professional body and/or sporting body.
8. Considering influences on competitors' ability to perform safely (eg extreme temperatures) and where possible be aware of any medication taken or medical conditions, for example, whether a competitor is asthmatic or diabetic.
9. 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.
10. The location of the doctor should be made known to any other healthcare professional (paramedics, ambulance staff etc) and 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 MDO 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 implies 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 therefore discuss their individual circumstances with their MDO (see **Appendix 2** for information on UK MDOs and their cover for doctors providing medical care for elite sportspeople).

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 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.<sup>5</sup> 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.<sup>13</sup> 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.<sup>13</sup>

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 MDO **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 MDO as soon as possible. It is worth noting that indemnity will usually only cover claims made on behalf of patients not their clubs, sponsors, agents or others. Doctors should therefore only provide care at the request of the individual. If they do 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 MDO.

## Ethical concerns

There are a number of potential ethical matters 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.<sup>11</sup> For information on matters of ethics, confidentiality and consent see *Medical ethics today* (BMA, 2004, updated 2009)<sup>11</sup> and *Consent: patients and doctors making decisions together* (GMC, 2008).<sup>14</sup>

### 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.<sup>11</sup>

In cases of an emergency or a doctor 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'.<sup>15</sup>

### Confidentiality

Doctors who are employed by sports teams or sports clubs may have problems with conflicting loyalties as they can 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.'<sup>16</sup>

Studies have shown that confidentiality of health information is a significant concern for those doctors treating professional sportspeople as there may be a demand for information on a player's condition from coaches, management, the media and the public.<sup>17, 18, 19</sup> 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.<sup>5</sup> 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 in fear that it will be disclosed to a manager or coach without their consent. This could prevent effective diagnosis and treatment and could endanger the health of an individual athlete or of others within a team.<sup>20</sup>

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, for example, 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.

For further information see *Medical ethics today* (BMA, 2004, updated 2009)<sup>11</sup> and *Confidentiality and disclosure of health information tool kit* (BMA, 2008).<sup>21</sup> The FSEM's Professional Code<sup>5</sup> contains detailed guidance for SEM specialists. More widely, the British Olympic Association (BOA) has also produced a position statement on confidentiality (see **Box 1**).

### **Box 1: The British Olympic Association's position statement on athlete confidentiality – a summary<sup>22</sup>**

- 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.

### **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. In other cases, players and athletes themselves 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.<sup>16</sup> 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.<sup>11</sup>

## 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. Not only must doctors clearly operate, and be seen to operate, within the law, but also 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 BOA (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.<sup>11</sup> 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.<sup>23</sup> As for 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 of which drugs can lead an athlete to contravene anti-doping regulations and to either avoid prescribing and/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<sup>24</sup>. The BMA published a book in 2002 entitled *Drugs in sport: the pressure to perform*.<sup>23</sup> This report examines the roles and responsibilities of the doctor in this highly sensitive area, provides information to assist prescribing for sportspeople 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.<sup>25</sup> As a first step, the BMA believes there should be a ban on children below the age of consent from boxing. 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. However, any certification of a boxer as fit to box provides no guarantee or indicator of the likelihood of acute or chronic injury occurring during the forthcoming fight.<sup>26</sup>

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: [www.bma.org.uk/health\\_promotion\\_ethics/sports\\_exercise/boxing.jsp](http://www.bma.org.uk/health_promotion_ethics/sports_exercise/boxing.jsp)

## **Case study 2: Michael Watson the boxer**

In September 1991, the British boxer Michael Watson went into the ring for a World Boxing Organization (WBO) super middleweight bout with Chris Eubank. He came out of the fight in a coma, and it was nine years before he regained his health.

The 26-year-old fighter sustained two massive blood clots on his brain which left him paralysed down his left side and in need of round-the-clock medical care. 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.<sup>27</sup>

Following Watson's injuries the BBBC has 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 therefore set their own fees. This should be agreed upon 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

**[www.bma.org.uk/employmentandcontracts/fees/aguidetofeesmaster.jsp](http://www.bma.org.uk/employmentandcontracts/fees/aguidetofeesmaster.jsp)**.

## London 2012 Olympics

The London 2012 Olympic and Paralympic Games have the potential to provide a strong boost for the UK economy, and to provide a cultural and social legacy. It will highlight and strengthen the relationship between sports and medicine. The Olympic Games run from the 27 July to the 12 August, and the Paralympic Games from the 29 August to the 9 September 2012. Part of the Olympic bid centred on the UK's world class medical workforce, and doctors of all ages and levels, both voluntary and paid, will have a key role to play in ensuring the Games run smoothly. The NHS will provide free comprehensive cover for all members of the Olympic family (athletes, employees, broadcasters etc) and free emergency care for all visitors, but the medical services at venues will be provided by volunteers.

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

### Box 2: Learning from the 2008 Beijing Olympic Games<sup>28</sup>

In 2008, at the Beijing Games, there were:

- 3,000 medical volunteers specially recruited to work at 227 Olympic medical stations
- a total of 22,137 medical encounters with staff, journalists, visitors and athletes
- most were dealt with at a 24 hour, 3,000 square metre polyclinic within the Olympic site
- 128 people were hospitalised, mostly for injuries
- in case of a mass casualty incident, 191 ambulances and 5,880 beds were on standby
- one foreign tourist who sustained serious injuries in an attack received life-saving treatment after waiting only three minutes for an ambulance.

The London Organising Committee of the Olympic and Paralympics Games Limited (LOCOG) is responsible for hosting and staging the London 2012 Games. They are recruiting up to 5,000 medical volunteers who will be needed to provide medical care to spectators, athletes and others. This reflects the lessons learnt from the 2008 Beijing Olympic Games (see **Box 2**). Each venue will have at least two GPs with sports medicine experience and two paramedics on hand at each venue, as well as first aiders, mostly from St John Ambulance and the British Red Cross. The emergency services will follow the guidelines laid down in the *Guide to safety at sports grounds*<sup>2</sup> (see previous section)

and 395 ambulances will provide 24 hour ambulance cover. As well as smaller polyclinics at other venues, a large polyclinic in the London Olympic Village will provide most of the healthcare needed, including a small Accident and Emergency (A&E), primary care, SEM, physiotherapy, ophthalmology, dental services, imaging, podiatry and a pharmacy. Many national sports teams have their own medical professionals, who will have to register with the GMC, but some do not, so some UK volunteers will also be needed to provide treatment for athletes.

### **Volunteering at the Olympics**

Applications to become a medical volunteer ended on the 27 October 2010, with short-listed candidates invited to selection events and successful offers will be sent out in the last few months of 2011 (see **Box 3**). Medical volunteers will be needed in the lead up to the Games and for their duration. Volunteers are required to take annual leave or unpaid leave from work for at least the 10 working days (subject to the agreement of your employer) and there are no expenses paid except for free transport from London to the venue. Individuals must make sure they understand the terms of their involvement, have the support of their employers and have had their leave approved.

For further information please see the LOCOG website: [www.london2012.com](http://www.london2012.com).

### **Box 3: Key dates for the London 2012 volunteer recruitment process**

#### **27 July 2010**

London 2012's official Volunteer Programme launches. All applicants will be required to complete an application form

#### **27 October 2010**

Deadline for applications

#### **November 2010**

LOCOG starts inviting short-listed applicants to a selection event

#### **January 2011 – February 2012**

Selection events take place to interview all invited applicants

#### **October 2011**

Offers will begin to be sent out to successful applicants

#### **February 2012**

Orientation training takes place

#### **March 2012**

Role-specific training begins

#### **April 2012**

Distribution of uniforms and accreditation passes begins

#### **June 2012**

Venue training begins.

### **Indemnity cover**

The BMA Board of Science has contacted all three MDOs, who have said that the situation on indemnity cover applies in the same way to the Olympics 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 MDO. 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 in the indemnity cover between the MDOs for doctors who provide medical cover for elite athletes – see **Appendix 2**.

## Members' experiences

Experiences of BMA members providing medical care at sporting events and fixtures are detailed below. Contact details have been provided for those members interested in finding out more about a particular case study.

### **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 eight years. Since then my portfolio has increased to now cover a variety of events such as the 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. In the last two years I have joined forces with another colleague and set up Advanced Medical Events in order to provide cover for more events than I could on my own. We as a company have covered events such as The British Transplant Games.

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 CVs. 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, and 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](mailto: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 two to three 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 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 department 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 outdoors 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 and I have been an active member of a local St John Ambulance group since the age of 10. Some of my colleagues and I cover the MKDONS 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-General Medical Services 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 chaired 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 SEM. 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 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 FSEM. 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](http://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 six medics looking after 80 athletes for four 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](mailto: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 SEM a truly unique and exciting speciality.

To work within Rugby Football League (RFL), 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 Susannah Kahtan**

'I am enthusiastic about riding. Although I don't have an up-to-date ATLS, I do have ILS and I am occasionally called upon as a back-up at equestrian events. St John Ambulance provide the first aid cover, but my indemnity covers Good Samaritan practices on an ad hoc basis. Because I know how to behave around horses I can get to a casualty rapidly without causing more problems on the way, and I know what to do with the other horses and riders to safeguard the accident scene. I avoid providing official cover because it is very expensive maintaining the necessary accreditation to provide medical care at such high risk events.

Generally I see concussion, people being winded and long bone injuries, but we always have to bear in mind the possibility of serious spinal injury. I imagine it will be all hands on deck at the Olympic equestrian events, because accidents can occur even with the best riders. In fact, the worst injuries tend to happen at this level because for some reason there are less stringent safety standards for dressage than for the cross-country phase – yet dressage horses are like over-turned Ferraris. They can really cause problems!

Any doctors wanting to help out at sporting events should ensure they have a basic knowledge of the sport to allow helping out casualties in a safe manner without causing further trouble. This is different for each sport, and may require specialist training. Always cooperate with other agencies, stay within your sphere of competence and ensure you and your MDO know what level of cover you are providing – for example if you are acting on an ad hoc basis as a Good Samaritan, do not carry your own equipment with you.'

**kphoebe40@aol.com**

### **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 three 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 three to eight events per year rather than 12. I would recommend looking at the FIA medical handbook 'Medicine in Motor Sport' (available at **[www.fiainstitute.com/ publications](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.'

**[andyilm@lansdown.freemove.co.uk](mailto:andyilm@lansdown.freemove.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 English Institute of Sport Sheffield will be hosting the Senior European Championships in the summer of 2011.

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 two 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 two or three times a year. I am an ATLS Instructor but I also did the Pre-Hospital Trauma Life Support course (PHTLS) course to further prepare me, and I have volunteered for London 2012.'

**[garethbashir@nhs.net](mailto:garethbashir@nhs.net)**

**Dr Daniel Perry,  
Specialist Registrar, Trauma and Orthopaedics.**

'For about the last five years I have become quite heavily involved in providing medical cover at equestrian events. After starting to be involved a few colleagues and I realised 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 Chinese 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 MDO 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**" that 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 (mountain or hill) running is my main interest, so I now act as the race doctor on a voluntary basis. My MDO is 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](mailto:paul.morillon.10@ucl.ac.uk)**

## Appendix 1: The medical defence organisations

There are three main MDOs in the UK – the MDU, the MPS, and the MDDUS. Doctors may also have their indemnity provided by insurance companies. The MDOs are mutual organisations – MPS and MDDUS provide discretionary indemnity and the MDU provides a policy of insurance for clinical negligence claims.

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### Medical Defence Union

#### Contact

Tel: **08444 20 20 20**

Email: **mdu@the-mdu.com**

Website: **www.the-mdu.com**

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### Medical Protection Society

#### Contact

Tel: **0845 605 4000**

Email: **info@mps.org.uk**

Website: **www.medicalprotection.org/uk**

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### Medical and Dental Defence Union of Scotland

#### Contact

Tel: **0845 270 2034**

Email: **info@mddus.com**

Website: **www.mddus.com**

## Appendix 2: Indemnity provided 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. Changes made by two of the MDOs have had an impact on these types of doctor.<sup>29</sup>

The **MDU** provides an insured indemnity to members who treat high net worth sports players, including Premier League footballers. They require doctors to contact them to confirm the details of their practice and that their indemnity cover encompasses all aspects of their work. In some circumstances they may limit cover to claims brought by or on behalf of individual sports player patients, rather than their clubs, sponsors or agents.

The **MDDUS** does not provide indemnity to members who are full time employees of Premier League football clubs. They will, however, provide indemnity for doctors providing care for individual footballers, as long as the professional and contractual relationship is with the player alone. The MDDUS do 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 **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 on this is at: **[www.medicalprotection.org/uk/guide/treating-elite-sportsmen-and-women](http://www.medicalprotection.org/uk/guide/treating-elite-sportsmen-and-women)**.

There are other elite athletes who earn large sums (eg golfers, rugby players). Doctors who treat such athletes are also advised to contact their MDOs 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

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.

### British Association of Sport and Exercise Medicine

The British Association of Sport and Exercise Medicine (BASEM) is the largest representative body for SEM 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.

**Level 1:**

- Elements of sports and exercise medicine

**Level 2:**

- Introduction to the lower limb
- Introduction to the upper limb
- Sports medicine
- Exercise medicine
- Introduction to the spine and inflammatory conditions
- Getting your research project started (with the Institute of Sport and Exercise Medicine)
- Sports performance (with the UK Strength and Conditioning Association)

**Level 3:**

- Complex lower limb issues
- Complex upper limb issues
- Rheumatology
- Sports medicine dilemmas
- Research grants and publishing

**Level 4:**

- Diploma revision course

**Level 5:**

- The BASEM advanced team physician course.

The 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.

The 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

**[www.basem.co.uk/index.php?Page=Index&PageID=1099](http://www.basem.co.uk/index.php?Page=Index&PageID=1099)**

### **Contact**

Tel: **01302 822300**

Email: **[enquiries@basem.co.uk](mailto:enquiries@basem.co.uk)**

Website: **[www.basem.co.uk](http://www.basem.co.uk)**

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## **British Association of Immediate Care**

The BASICS UK 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
- PHEC
- 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**

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## **British Association of Immediate Care Scotland**

The 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 medical care course – part one and two
- PHEC – certificated by the Royal College of Surgeons of Edinburgh
- PHPLS – certificated by the Advanced Life Support Group
- 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**

Tel: **01764 663671**

Email: **admin@basics-scotland.org.uk**

Website: **www.basics-scotland.org.uk**

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### **British Journal of Sports Medicine**

*The British Journal of Sports Medicine* (BJSM) 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](mailto:bjsm@bmjgroup.com)

Website: [www.bjsm.bmj.com](http://www.bjsm.bmj.com)

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### **British Olympic Association**

The BOA 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](mailto:boa@boa.org.uk)

Website: [www.olympics.org.uk](http://www.olympics.org.uk)

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### **Department for Culture, Media and Sport**

The DCMS is responsible for the London 2012 Olympic and Paralympic games. The Government Olympic Executive (GOE), which is a part of DCMS, oversees the entire 2012 project.

#### **Contact**

Tel: **020 7211 6200**

Email: [enquiries@culture.gov.uk](mailto:enquiries@culture.gov.uk)

Website: [www.culture.gov.uk](http://www.culture.gov.uk)

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## 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](mailto:info@doctorsatevents.com)

Website: [www.doctorsatevents.com](http://www.doctorsatevents.com)

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## Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh

The 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 courses.

### Contact

Tel: **0131 527 1732**

Email: [contact@fphc.info](mailto:contact@fphc.info)

Websites: [www.rcsed.ac.uk](http://www.rcsed.ac.uk) and [www.fphc.info](http://www.fphc.info)

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## Faculty of Sport and Exercise Medicine

In 2005, SEM was officially recognised as a new specialty in the UK and the FSEM was subsequently launched in 2006. The 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. Their role includes setting the standards in SEM; aspects of education, training and assessments; detailing the competencies required in SEM; and representing the specialty.

The 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 SEM.

### Contact

Tel: **0131 527 3409**

Email: **enquiries@fsem.ac.uk**

Website: **www.fsem.co.uk**

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## Fédération Internationale de Médecine Sportive

The Fédération Internationale de Médecine Sportive (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**

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## 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](http://www.thefa.com)

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## The London Organising Committee of the Olympic and Paralympic Games

The LOCOG is responsible for hosting and staging the London 2012 Games, including recruiting volunteers and organising medical and emergency services. They provide information on the medical volunteer roles, the process of application and all aspects of the organisation of the Games.

### Contact

Tel (volunteers): **0845 402 2012**

Tel (general): **0845 267 2012**

Website: [www.london2012.com](http://www.london2012.com)

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## The Medical Equestrian Association

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

### Contact

Tel: **0160 683 5480**

Website: **[www.medequestrian.co.uk](http://www.medequestrian.co.uk)**

Email: **[info@medequestrian.co.uk](mailto:info@medequestrian.co.uk)**

For details of the Emergency care at equestrian events (ECEQE) course please visit:  
**[www.doctorsatevents.com](http://www.doctorsatevents.com)**

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## Pre-Hospital Care UK

Pre-Hospital Care UK is a UK-based online resource providing education, practical support and promoting equipment for emergency service personnel and pre-hospital care providers working in the UK and internationally. They have links to a number of courses in pre-hospital care including Anaesthetic Trauma and Clinical Care (ATACC) courses and the MIMMS course.

### Contact

Tel: **01206 853192**

Email: **[info@pre-hospitalcare.co.uk](mailto:info@pre-hospitalcare.co.uk)**

Website: **[www.pre-hospitalcare.co.uk](http://www.pre-hospitalcare.co.uk)**

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## Resuscitation Council UK

The aim of the Council is to facilitate the 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](mailto:enquiries@resus.org.uk)**

Website: **[www.resus.org.uk](http://www.resus.org.uk)**

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## **Resuscitation and Emergency Management Onfield Group**

The Resuscitation and Emergency Management Onfield Group (REMO Group) run courses on Resuscitation and Emergency Management Onfield for doctors working with elite and Olympic sportspeople and on Advanced Resuscitation and Emergency Aid (AREA) for doctors working in professional football.

### **Contact**

Tel: **07595 893273**

Email: **enquiries@remosports.com**

Website: **www.remosports.com**

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## **Sport Wales**

Tel: **0845 045 0904**

Email: **info@sportwales.org.uk**

Website: **www.sportwales.org.uk**

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## **Sport England**

Tel: **020 7273 1551**

Email: **info@sportengland.org**

Website: **www.sportengland.org**

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## **Sport Northern Ireland**

Tel: **028 90 381222**

Email: **info@sportni.net**

Website: **www.sportni.net**

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## **Sport Scotland**

Tel: **0141 534 6500**

Email: **sportscotland.enquires@sportscotland.org.uk**

Website: **www.sportscotland.org.uk**

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## **St John Ambulance**

Tel: **020 7324 4000**

Website: **[www.sja.org.uk](http://www.sja.org.uk)**

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## **UK Sport**

Tel: **020 7211 5100**

Email: **[info@uksport.gov.uk](mailto:info@uksport.gov.uk)**

Website: **[www.uksport.gov.uk](http://www.uksport.gov.uk)**

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## **World Anti-Doping Agency**

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

### **Contact**

Email: **[info@wada-ama.org](mailto:info@wada-ama.org)**

Website: **[www.wada-ama.org](http://www.wada-ama.org)**

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## **World Medical Association**

The WMA has guidance on their website entitled *World Medical Association Declaration on Principles of Health Care for Sports Medicine*:

**[www.wma.net/en/30publications/10policies/h14](http://www.wma.net/en/30publications/10policies/h14)**

### **Contact**

Email: **[wma@wma.net](mailto:wma@wma.net)**

Website: **[www.wma.net](http://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:

- PEPP
- PHPLS
- PHTLS
- MIMMS
- ECEQE.

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

- ALS
- Anaesthetic Trauma and Clinical Care (ATACC)
- ATLS®
- APLS.



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