

## Editorial

# Sports Physician Training: The Australian Experience

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In the past two decades, there has been a worldwide increase in the interest in sports medicine and, in particular, in the number of medical practitioners wishing to practise in this area of medicine. The sports medicine community in Australia has developed a two-tiered system for the delivery of sports medicine, which has proven to be of considerable interest to other countries.

In Australia, as in most countries in the world, general practitioners see the majority of sporting injuries, and in some practices injuries comprise up to 30–40% of patient visits. Although there is a paucity of undergraduate sports medicine teaching in most Australian medical schools, there are ample opportunities for general practitioners to obtain further sports medicine knowledge.

Since 1982, the Royal Australian College of General Practitioners (RACGP) in association with the Australian Sports Medicine Federation (ASMF) has conducted part-time courses in sports medicine for general practitioners. The most popular course has been a 1-year part-time elective in sports medicine that consists of ~100 h of lectures and a further 100 h of practical work, including experience as a team doctor and participation in the medical coverage of sporting events such as marathons and triathlons. There are also shorter introductory and intermediate courses provided by the RACGP in most states. Sports medicine always features prominently in the program of the annual RACGP convention.

During the 1980s, in response to a growing demand for increased expertise and experience in sports medicine, an increasing number of doctors commenced practising sports medicine full-time, usually in one of a number of large multidisciplinary sports medicine clinics in the major cities. Many of these practitioners also serviced elite sporting teams.

## THE AUSTRALIAN COLLEGE OF SPORTS PHYSICIANS

Standards of those purporting to practise "sports medicine" varied greatly, so in an attempt to provide a qualification recognised by both the sporting and medical communities, the Australian College of Sports Physicians (ACSP) was formed in 1985, along the lines of the traditional specialist medical colleges. Medical specialties in Australia are based on the British system of Royal Colleges, access to which is provided by a lengthy postgraduate specialist training program and Fellowship examinations. Patients are seen by specialists on a referral basis from general practitioners, and patient visits attract higher rates of remuneration from the government-funded compulsory health insurance scheme.

The primary aims of the ACSP were to establish a curriculum, provide an academic standard through formal examination, and commence a training program for medical practitioners wishing to practise full-time sports medicine.

These aims have largely been met. The College's curriculum advisory committee has developed a broad-ranging curriculum that includes anatomy, biomechanics, the physiology of exercise, effects of the environment on physical activity, the pathophysiology of injury and repair, pharmacology of sport and exercise, considerations of special groups in sports and physical activity, disability and physical activity, illness and physical activity, sports medicine administration, psychosocial aspects of sport, nutrition in sport, and the management of musculoskeletal trauma (both acute and overuse).

A fellowship examination has been developed, consisting of a written component of two 3-h exams, which, if successfully completed, is followed some weeks later by a comprehensive clinical examination. The College has also developed a part 1 fellowship examination based on the relevant clinical sciences. Its goals are similar to that of the primary examination of the Royal Australasian College of Surgeons.

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The sports medicine community had been concerned about the lack of a clear career path for young doctors wishing to pursue sports medicine. A recent graduate from one of the university medical schools can now follow a well-structured path to specialist knowledge, skills, and qualification in sports medicine.

After graduation, 3 years of postgraduate basic training is required as a prerequisite to the 3 years of sports medicine training. This basic training usually occurs in a public hospital setting with a broad range of experience in medicine, surgery (including orthopedics), pediatrics, obstetrics and gynecology, and emergency medicine. The doctor may choose to spend all 3 years in hospital medicine or, in the third year after graduation, may gain alternative experience in family practice, adolescent health, armed services medicine, or a year as a tutor in anatomy at a University medical school. In the third year of this basic training program, the potential sports physician is expected to pass the part 1 fellowship examination, which consists of two 3-h written exams, the first in anatomy and the second in physiology and pathology.

On completion of these 3 years of "basic" training and successful attainment of the part 1 fellowship examination, the doctor then applies to join the College's Advanced Training Program. If successful, the doctor then spends 3 years in full-time sports medicine practice under supervision of fellows of the College. The program provides sports medicine training both in a clinic situation and in the provision of sports medicine services to professional sporting teams and major sporting events. The first year of the advanced program consists of attendance at sports medicine clinics, assistant team physician duties, sessional work at a sports casualty facility, assistance at orthopedic surgery, and academic and research components. During these 3 years, the trainees are given increasing clinical responsibilities, but always practise under the direct guidance of a fellow.

In the third year of the advanced training program, the trainees sit for the college fellowship examination. This consists initially of a written component of two 3-h exams. The first exam is a response to six questions in which a clinical scenario is provided; the candidate must describe how he or she would manage the patient. The second exam is a 120 multiple choice question test. For those candidates successful in the written exam, a clinical examination is held ~10 weeks later. The clinical examination consists of a long case examination, in

which the candidate spends 40 min with the patient taking a history and performing a clinical examination, and is then examined for 20 min by two examiners. The candidate then has two 30-min, short, case examinations and a 30-min oral, during which various radiological and other investigations are presented to the candidate for comment.

#### ACCREDITATION IN SPORTS MEDICINE

Candidates who are successful at the examination and who fulfil all the other requirements of the fellowship are awarded Fellowship of the Australian College of Sports Physicians (FACSP) and allowed to describe themselves as "Sports Physician."

Fellows of the College are required to undergo a continuing medical education (CME) program and must obtain a minimum quota of CME points each year.

The college holds an annual conference in association with the multidisciplinary Sports Medicine Australia Conference in October each year. The college is also a co-sponsor with the Canadian Academy of Sport Medicine and the American Medical Society for Sports Medicine of the *Clinical Journal of Sport Medicine*.

An application for recognition of the fellowship of the ACSP as a medical specialty was lodged in 1994, and the College is optimistic regarding the outcome of this submission.

The sports physician training program is as comprehensive and demanding as the training programs of the other specialist medical colleges in Australia. It is the only specialist training program that takes place almost entirely in private medical clinics (rather than in public hospitals). For this reason it requires enormous voluntary input from senior members of the College, who provide their time and expertise free of charge to train future sports physicians. It is because of the commitment of these senior members of the sports medicine community in Australia that the program has proven so successful and now is a world leader.

Since the advent of the fellowship training program, there has been a growing recognition of the sports physician as the appropriate medical professional to manage more complex sporting injuries, particularly those related to overuse, as well as medical problems related to exercise. The clinical practices of sports physicians are now largely referral based, with increasing numbers of general practitioners referring difficult problems for further assessment and management.