Faculty of Sport and Exercise Medicine UK

Diploma in Team Care Syllabus



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Executive Summary

Sport and Exercise Medicine (SEM) is a medical speciality which incorporates aspects of musculoskeletal medicine, exercise medicine and team care. There is no current international consensus on the optimal assessment or qualification required to demonstrate a minimum level of skills and knowledge for healthcare professionals working in elite sport. This creates uncertainty and variability in recruitment of appropriately qualified and experienced staff.

This Faculty of Sport and Exercise Medicine UK Team Care Diploma aims to provide the worldwide recognised assessment of the minimum required skills and knowledge for healthcare professionals providing care in an individual and/or team sport environment. It is intentionally broad and aims to represent the extremely varied and often challenging nature of working as a healthcare professional in a high-performance sport setting.

Syllabus modules cover the breadth of potential work demands including significant focus on clinical governance, interdisciplinary team working, ethical and moral dilemmas. There are also modules that focus on key clinical aspects of working with specific groups of athletes, dealing with specific health complaints that athletes may present with and other non-clinical demands that may be required of the medical team.

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Module 1: Clinical Governance

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Medicines Management	Statutory requirements for	Take a medication history
	organisations providing	specifically for an athlete in
	healthcare in relation to	relation to their sport.
	procurement, storage,	
	handling, record-keeping,	Produce accurate, written
	usage and disposal of	prescribing reports and
	medicines, including travel	electronic medical records.
	to and from training and	
	competitions.	Check the prohibited status
		of specific medicines for an
	Specific requirements for	individual based on the
	controlled drugs (CDs) in	current World Anti-Doping
	relation to legislation on the	Agency (WADA) Prohibited
	safe use and management	List.
	of CDs, safe custody	
	regulations and possession	Design and implement a
	and supply of these	medicine's management
	medicines.	policy for a team and/or
		sport.
	Potential factors that may	
	challenge a medicine's	Work with pharmacists and
	management policy within	other healthcare
	elite sport such as	professionals to facilitate
	international travel.	best practice in medicine's
		management including the
	Anti-doping rulings related	use of Patient Specific
	to all matters of medicines	Directions (PSDs).
	management.	
Appraisal and Continued	Registration and	Keep professional
Professional Development	requirements pertaining to	knowledge up-to-date and
(CPD)	appraisal and revalidation	take part in activities that
	from their relevant	maintain and develop
	regulatory body.	competency and
		performance.
	The professional values and	
	behaviours expected from	Take part in and complete
	their relevant regulatory	work-place based
	body.	assessments, structured
		reports, multi-source

feedback and reflective Mandatory training requirements for team care practice. practitioners in elite sport including: Complete an annual appraisal and understand Pre-hospital the process involved in this. Pitch-side or Be familiar with guidelines **Emergency Care** and developments that Anti-doping affect your work in sport. Safeguarding Equality, Diversity, Engage athletes and and Inclusion coaches on important • Infection Prevention medical and health related and Control topics. Continued professional Prepare and deliver development and on-going teaching and training to education requirements for other health-care healthcare professionals in professionals and athletes. sport. Ensure learning from The importance of patient injury and illness appropriate: data. Professional indemnity Recognise accepted best Disclosure and practice guidance around Barring service social media behaviour and checks the potential pitfalls that exist. Clinical effectiveness Principles of evidence-based Critically appraise literature medicine pertaining to relevant to medical medical provision in elite provision in elite sport. sport. Adapt clinical practice and The role of clinical protocols based on new guidelines in supporting evidence and experience. athlete care. Demonstrate an awareness Research methodology (e.g., and understanding of key study design, data analysis) clinical guidelines in elite which could be used to sport, including the enhance clinical care. medicolegal framework within which they exist.

		Identify ethical concerns and barriers related to conducting clinical research in elite sport settings.
Risk management	Relevant regulatory body standards with respect to medical records and storage of this information, including data protection. Systems and protocols	Maintain contemporaneous medical records in keeping with professional standards (e.g., General Medical Council (GMC), The Health and Care Professional Council (HCPC)).
	which can be used to reduce risks in an elite sport setting (e.g., infection control measures, emergency action plans, safeguarding procedures).	Design an Emergency Action Plan which is fit for purpose for the setting within which you work.
	Significant event reporting procedures (including near miss events).	Develop and implement evidence-based protocols which can be used to reduce risks in an elite sport setting.
	Strategies (e.g., clinical audit, Quality Improvement Project (QIP)) used to evaluate service provision and subsequently make informed recommendations.	Promote a positive culture of transparency and learning within the elite sport setting through implementing suitable governance procedures (e.g., significant event reporting, managing complaints, reflective practice, debriefs etc).
Clinical Audit	Statutory and mandatory requirements for clinical audit for sporting environments.	Document a strategy for clinical audit for an organisation.
	The stages of the audit cycle. Preparation and planning, measure performance, implement change, sustain improvement.	Document complete audit cycle including how the audit improved outcomes, minimised risks or provided assurance of clinical standards.

Moral Dilemmas and Ethics	The code of conduct for	Apply the principles of good
	regulated practitioners.	practice in relation to
		various sports medicine
	The current laws and best	scenarios in areas of
	practice guidance relating to	consent, confidentiality,
	consent and confidentiality.	anti-doping, use of
		innovative versus evidence-
		based practice,
		athlete/practitioner
		relationship, return to play
		decisions, performance vs.
		health balance.

Module 2: Safe and effective practice

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Data preparation, analysis,	The different methods of	Perform work duties in a
storage and presentation	capturing data and data	way that honours good data
	preparation.	protection practices in all
		areas that involve personal
	Key considerations when	data.
	choosing appropriate	
	questionnaire and data	Apply the 7 basic GDPR
	analysis methods for sports	principles to data
	and performance related problems.	processing.
		Understand what
	The key considerations to	constitutes the following
	interpret quantitative	and the processes that
	results.	occur following these:
		 Data breaches
	What data protection	 Subject access
	legislation (UK General Data	requests
	Protection Regulation	
	(GDPR) and the Data	Identify the correct places
	Protection Act 2018) exists	and people to get help with
	and the core themes and	assessing, mitigating, and
	principles within it.	reporting data risks and incidents.
	A team care practitioners'	
	responsibilities for	
	protecting the data they	
	work with.	
	The role of a Data	
	Protection Officer.	
Regulation of healthcare	The purpose of	Identity if a facility is
(An example of a relevant	organisations that regulate	required to register with an
organisation is the Care	health and social care.	independent regulatory
Quality Commission in		organisation in order to
England, but these will	The role of independent	provide healthcare services
differ from country to	regulatory organisations in	to athletes.
country)	the assessment of the	

	provision of healthcare in elite sports environments. The type(s) of publications and assessments produced by an independent regulator. The role of equality and human rights in the work of	Understand how to report concerns to an independent regulator about healthcare provision. Apply equality and human rights when providing healthcare and ensure these are protected in the elite sport and exercise medicine
Infection Control	an independent regulator. National and local guidelines, policies and procedures relevant to infection control and prevention.	Follow appropriate national and local guidelines, policies and procedures relevant to infection control and prevention.
	Different factors that increase the likelihood of individuals acquiring an infection, including:	Assess the risk to individuals in relation to their likelihood of acquiring infections and potential complications and severity of this, based on their individual factors. Follow local guidance in relation to responsible and appropriate prescribing of antibiotics.
	Different modes of infection transmission, including: • Direct human-to-human contact • Indirect contact, such as air-borne, vector-borne, and through touching contaminated equipment	Use Personal Protective Equipment appropriately according to their working environment and situation. Carry out appropriate hand hygiene, including hand washing with soap and water and use of hand sanitisers. Appropriately manage blood and bodily fluid

	Methods to enable themselves to contribute to infection control and prevention. Their responsibilities towards infection prevention and control, including: • Use of Personal Protective Equipment • Hand Hygiene	spillages, following local policies. Appropriately use and dispose of sharps following local policies. Appropriately manage sharps injuries and other occupational exposures/risks, following local policies.
	spillages of blood and body fluids Dealing with sharps injuries and other occupational exposures/risks Management of equipment being used and the environment. Situations where their own health and fitness could be an infection risk to others in the environment.	clothing appropriately following local policies to prevent spread of infection. Dispose of clinical waste in a safe way, including using the appropriate colourcoded waste system in their working environment. Follow appropriate cleaning and decontamination procedures relevant to the working environment and equipment being used. Recognise when own health
		and fitness may pose an infection risk and take appropriate steps to prevent the spread of infection to others.
Adult and Child safeguarding	Abuse and its various forms and the possibility for each type of abuse within a sporting context.	Be able to complete all the components of an incident report form. Identify who is responsible for adult and child

The signs and indicators of abuse and neglect within a sporting environment.

The potential barriers to identification and reporting of abuse.

The Mental Capacity Act (MCA) and the framework it provides for making decisions about the care and treatment of people.

Children and those adult groups who may be at increased risk of harm.

The signs of bullying, and how to address this within an organisation.

The rights of children, and relevant legislation (The Children Acts 1989 and 2004).

The role of child protection units within the UK (e.g. Child Protection in Sport Unit (CPSU)).

The principles of consent in children and young people.

The factors that may increase risk of harm and abuse towards elite level adolescent athletes and how to mitigate these.

Potential risk factors for harm or abuse within an adult population.

safeguarding within a sporting organisation.

Perform a risk assessment for participation in local and overseas sport activity.

Identify key steps to safeguard and protect children and young people coming from minority ethnic groups.

Detail the appropriate use of chaperones and produce a policy related to this.

Recognise, consider and address the potential safeguarding concerns associated with etechnology:

- Cyberbullying
- Sexting

Recognise the misuse of texting and social media to identify, contact or groom children and young people for abuse.

Write a parental consent form to include:

- acceptance of the code of conduct
- emergency contact numbers (at least two)
- any specific medical information or information relating to an impairment or disability.

The requirement for guidelines for reporting concerns when an adult is, or may be at risk of being harmed, or is in need of protection.

The concept of capacity, and how to assess it.

Self-neglect, and challenges faced in responding to suspicions of self-neglect.

Your role in relation to domestic violence and abuse and how to respond and refer in order to support.

The importance of identifying recurrent themes in reviews and sharing the lessons learned.

The appropriate action to take in order to escalate a safeguarding concern relating to an at-risk adult or child.

When it might be necessary to share information with other agencies and how to do this appropriately.

What safeguarding supervision is and the critical role it plays in ensuring the highest standard of care for children, young people and at-risk adults.

 information about any other factors that may affect the young person (e.g. family bereavement).

Contribute to the medical aspects of a code of conduct for a team sport trip.

Help foster a culture where adults are consulted on every decision that affects them.

Respond, record and report suspicions or allegations of abuse / inappropriate behaviour correctly.

Review and influence policies that will reduce harm resulting from abuse, exploitation or neglect.

Influence a sporting organisation to promote a zero tolerance to risk of harm or neglect.

Encourage a sporting team or organisation to work collaboratively across sectors to promote safety and prevent harm.

Contribute and carry out risk assessments, as appropriate to your role as a Sport and Exercise Medicine (SEM) clinician.

Establish when an adult may not have capacity to consent to treatment.
Understand the role and responsibilities of an SEM practitioner in case reviews and how they may contribute to learning and application of recommendations to improve practice.

Module 3: Interdisciplinary team work

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Effective multi-disciplinary	The components of	Communicate with
team working	effective collaboration and	colleagues accurately,
	team working.	clearly, promptly and
		comprehensively across a
	The roles and	variety of appropriate
	responsibilities of members	communication formats.
	of the multi-disciplinary	
	healthcare team.	Utilise the expertise and
		strengths of the whole
	Factors which may	multi-disciplinary team to
	adversely affect a	optimise patient and
	healthcare professional	population care across a
	and/or a team's	variety of care settings.
	performance, as well as the	
	methods which may be	Effectively coordinate care
	employed to rectify these	across multiple agencies
	factors.	and providers to ensure
		timely and optimal clinical
	Personal and team	care.
	resilience and the impact	
	that resilience has on team	Ensure that appropriate
	effectiveness.	supervision is maintained
		when delegating
		responsibility to another
		member of the team.
		Communicate offectively
		Communicate effectively with coaching staff,
		administrative bodies and
		support organisations.
		Demonstrate flexible and
		adaptable leadership styles
		to optimise team cohesion
		and productivity.
		Support an open and
		transparent approach to
		incident and complaint

		investigation, management and resolution.
		and resolution.
		Synthesise complex clinical
		and psychosocial information contributing to
		patient-centred clinical
		decision making in a variety
		of care settings.
		Demonstrate attitudes and
		behaviours that assist
		dissemination of good
		practice.
		Employ behavioural
		management skills with
		colleagues to prevent and
		resolve conflict and enhance
		collaboration.
Leadership, management,	The different leadership	Apply ethical principles and
supervision and	styles and evaluate their	behave in a manner in line
understanding self	strengths and weaknesses.	with their relevant
	T	regulatory body in all roles
	The importance of effective communication and	being undertaken including leadership and
	interpersonal skills in a	management roles.
	team environment.	management roles.
		Promote diversity, equality
	The relevance of	and inclusion in a range of
	supervision, learning and	roles in high performance
	development.	team.
	Common organisational	Recognise deteriorating
	structures in which	performances of colleagues
	healthcare professionals	(e.g. stress/fatigue other)
	may practice	and develop strategies to
	team/performance medicine.	address this.
		Utilise effective negotiation
	Key principles of	and conflict resolution skills
	management and its	to manage conflict scenarios
	application in team	

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	care/high performance	in a high-performance
	environments.	environment.
	The potential impact of	Support, educate, influence
	personal attitudes, values,	and develop members of
	beliefs, perceptions and	the wider multi-professional
	biases (which may be	team.
	unconscious) on individuals	team.
	and groups.	Develop strategies to
		mitigate the potential
		impact of personal
		attitudes, values, beliefs,
		perceptions and biases
		(which may be unconscious)
		on individuals and groups.
Continuing Professional	Basic concepts of	Appraise evidence to
Development (CPD),	quantitative and qualitative	address a clinical question.
Research and Education	research methodology,	
	including basic statistics,	Critically review scientific
	used commonly in scientific	literature and apply
	medical practice.	evidence-based principles to the practice of Sport and
	The advantages and	Exercise Medicine (SEM).
	disadvantages of different	Exercise Medicine (SEIVI).
	research methodologies	Evaluate limitations of
	(e.g. systematic reviews,	research.
	experimental, quasi-	
	experimental and	Undertake the process of
	observational).	appraisal and identify the
		benefits of yearly review.
	The hierarchy of evidence	
	and methods to assess the	Discuss the importance of
	certainty of evidence.	continuing professional
		development and the
	Different types of learning	different types of CPD.
	styles for educating others.	Discours lists
		Discuss how different tools
		may be used to ensure all
		learning styles are met when educating individuals
		and groups.
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Module 4: Specific athlete groups

Subject Area	Knowledge	Skills
-	Should be able to describe:	Should be able to:
Female Athletes	Sex based differences in	Design and implement
	epidemiology of sports	appropriate injury and
	injury and medical illness.	illness prevention
		programmes specific to
	Normal hormonal	female athletes.
	fluctuations in the	
	menstrual cycle.	Advise and educate female
		athletes on the normal
	Potential impact of normal	menstrual cycle, including
	hormonal variations across	advice related to optimising
	the menstrual cycle on	training adaptation,
	athletic performance,	performance and
	training adaptations,	maximising health.
	nutritional considerations,	
	injury and illness risk.	Assess and manage a female
		athlete with medical
	Menstrual symptoms that	problems related to the
	may affect the ability to	menstrual cycle.
	train and potential impact	
	on quality of life, including	Display competence in the
	heavy menstrual bleeding,	initial investigation of a
	dysmenorrhoea,	medical condition related to
	oligomenorrhoea,	the menstrual cycle and
	amenorrhoea, pre-	awareness regarding how
	menstrual syndrome.	and when to refer to
		appropriate specialists.
	Medical conditions related	
	to the menstrual cycle such	Assess, diagnose and
	as PCOS, endometriosis and	manage a female athlete
	intermenstrual bleeding.	with RED-S.
	Relative Energy Deficiency	Refer or signpost to a
	in Sport (RED-S) including	healthcare professional with
	epidemiology, hormonal,	a special interest in mental
	bone health, medical,	health for a suspected or
	psychological and nutrition	identified eating disorder or
	aspects.	other psychopathology in
		addition to RED-S.

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	Medical care related to pregnancy, infertility, miscarriage and postnatal return to sport and exercise. Hormonal and non-	Provide support, care and advice on sport and exercise to female athletes who become pregnant. Provide support, care and
	hormonal contraception options for an athlete. Assessment and management of female	advice on return to sport and exercise for female athletes in the postnatal period.
	athlete specific pelvic health issues including incontinence and lower urinary tract symptoms.	Support and appropriately refer athletes with miscarriage and fertility issues.
		Advise a female athlete on health and performance implications of hormonal and non-hormonal choices for contraception.
		Assess and advise an athlete on pelvic pain, continence and lower urinary tract symptoms and recognise when to refer to a pelvic health specialist physiotherapist.
Older Athletes	Changes in epidemiology of injury with age. The effect of ageing on various organ systems and	Design and implement injury prevention programmes for the older athlete.
	subsequent impact on athletic performance.	Design and implement specific training programmes for the older
	Health considerations of exercise and injury risk; including cardiorespiratory and musculoskeletal systems.	athlete, including advising on physical activity and exercise prescription with consideration for a range of co-morbid health conditions.

Hormonal variations with Appropriately diagnose, investigate and manage age and impact on health and exercise performance; older athletes to safely including perimenopause, maximise their health and performance with menopause, postconsideration of hormonal menopause and testosterone variations in variations related to age, male athletes. whilst adhering to relevant anti-doping rules. Including Anti-doping rulings related perimenopause, to testosterone and menopause, posthormonal supplementation. menopause and testosterone variations in male athletes Retiring and retired athletes Common conditions that Appropriately identify, may require an individual to diagnose and manage retire from certain sports. conditions that may require the athlete to retire from sport. Roles of the Multidisciplinary Team (MDT) and wider support network Work with the MDT and the that may be involved in a athlete to assist the decision to retire from individual to make prudent sport. decisions around retirement from sport. Potential factors that may impact the athlete after Identify potential issues pertinent to the individual retirement from sport including physical, and put strategies in place psychological and to remedy their impact including signposting or socioeconomic. referring to appropriate Importance of identifying services. and then appropriately handing over medical care Explain key elements to be included in a written report to the long-term caregiver. of an individuals' injuries in Barriers that the individual the assessment of may encounter when occupational related injury. transitioning from professional sport to Understand and identify physical activity for health. barriers to physical activity for health in these

		individuals and counsel them in decision making around physical activity.
Paediatric Athletes	Anatomical and physiological differences in children and adolescents.	Perform a concussion assessment in a child and adolescent.
	Patterns of normal growth and development including puberty and its normal variations. Common sports injuries in children and adolescents:	Recognise and provide initial management for life-threatening airway, breathing or circulatory compromise in children and adolescents.
	 Traumatic fractures Stress fractures – high and low risk Pars fractures 	Recognise and treat anaphylaxis in children and adolescents.
	 Traction apophysitis Avulsion fractures Biomechanical problems (Medial Tibial Stress 	Assess nutritional status in a child/adolescent and how to screen for disordered eating.
	Syndrome (MTSS) and Patellofemoral pain) Concussion	Demonstrate the ability to seek help when required when dealing with children and adolescents and knowledge of where to seek appropriate help.
	Common medical problems in child and adolescent athletes: • RED-S	Recognise and respond to psychological effects of illness and injury in children and adolescents.
	 Asthma Exercise-induced Laryngeal Obstruction (EILO) Fatigue and 	Recognise the benefits of multi-disciplinary teams in care of children and adolescents.
	underperformance	Recognise special needs of adolescents during consultation.

Common psychological problems in child and adolescent athletes:

- Parental pressure
- Balancing sport and school
- Holistic development and pastoral care
- Adolescent awkwardness and motor incoordination
- Educating parents and children

How to take a history from a child/adolescent which is relevant to their presenting complaint with consideration of mechanism of injury/causative factors.

How to perform a musculoskeletal examination in a child/adolescent including interpretation and discussion of physical findings.

Investigation and management of common sports injuries and medical problems in children and adolescents.

Issues relating to consent and confidentiality in children and adolescents, including Fraser guidelines and Gillick competency. Address safeguarding concerns in children and adolescents.

Work with the MDT to develop and implement a comprehensive rehabilitation plan for musculoskeletal injury in children and adolescents.

Support coaches and other members of the MDT in the development of movement and technical competencies in a chosen sport or activity. Common causes of accidents in children and adolescents including safeguarding implications and prevention strategies.

Common safeguarding concerns in children and adolescents.

Common causes of fatigue and underperformance in paediatric athletes.

Common nutritional deficiencies and how to diagnose and manage these (Iron, Vitamin D, those associated with Relative Energy Deficiency in Sport).

Clinical presentation of young people with eating disorders.

Contraceptive and sexual health issues including sexually transmitted infections and teenage pregnancy and how to provide appropriate advice.

Features of depression in children and adolescents and when to refer to specialist services.

Causes of cardiac arrest in children, the prognostic factors that influence the outcome and how to provide basic life support and advise others.

Where to find out information necessary for safe prescribing through use of paediatric formularies and pharmacy liaison. Athlete development, including training components: Monitoring the paediatric athlete. Bio-banding. Resistance training as a component of rehabilitation that is appropriate to a specific injury and the individual's age and development. Para-Athletes Epidemiology of injury and Design and implement illness in para-athletes. appropriate injury and illness prevention Subtypes of Cerebral Palsy, programmes specific for clinical manifestations and para-athletes. impact on health and performance. Recognise and manage physical symptoms related Health considerations for to Cerebral Palsy that may medical care of spinal cord impact on health and injured athletes including performance including bowel and bladder care, hypertonia, dyskinesia and pressure care, skin care, ataxia. thermoregulation and Autonomic Dysreflexia. Support spinal cord injured and wheelchair user Physical health athletes on strategies to considerations for nonmaximise their health ambulant athletes including through effective bowel and wheelchair users. bladder care, pressure area management and skin Physical health hygiene. considerations for upper

and lower limb deficient athletes including appropriate skin hygiene and stump management.

Physical, mental and social health considerations for athletes with intellectual impairments.

Physical, mental and social health considerations for athletes with visual impairments.

Impact on health and performance for a range of other para-athletic classifiable health conditions including dwarfism and neurological conditions including multiple sclerosis.

Principles and process of para-athlete classification and categorisation in sport.

Recognise, diagnose, manage and understand the performance impact of Autonomic Dysreflexia.

Advise an athlete with an upper and/or lower limb deficiency on appropriate preventative and management strategies related to optimising skin and stump health.

Develop and implement strategies to support athletes who may have thermoregulatory issues to train and compete safely in environmentally challenging climates.

Maximise healthcare provision and performance in athletes with an intellectual impairment including appropriate involvement of parents and carers.

Recognise and appropriately manage athletes with neurological conditions including functional neurological disorders and the impact on health and para-athlete classification.

Support a para-athlete through classification, including recognition and management of ethical, governance and moral issues related to classification.

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Transgender Athletes	The World Anti-Doping Agency (WADA) Anti-Doping Code / The Prohibited List and how medical treatment for transgender athletes may have anti-doping considerations. The epidemiology of transgender athlete participation in sport.	Apply knowledge and consider benefits and risks of treatment and ongoing monitoring/screening that may be required in these athletes. Recognise the relevance of these performance characteristics and attributes in different sports and their interaction with safety and fair competition and injury risk for patient and fellow participants. Discuss with stakeholders including Clean Sport and Anti-Doping organisations, to consider the implications of medical treatments for gender transition for clean sport and transgender individuals. Understand the barriers to transgender athlete participation and an awareness of strategies to enhance participation and
Cov based estagarisation in	The history of female	access to sport.
Sex based categorisation in sport	The history of female participation in sport and the importance of and rationale for sex categorisation within most	Recognise and identify the challenges of methods used to test eligibility for the female category.
	sports. Recognise the lack of sex categorisation in some sports.	Understand the impact that male/female differences, particularly from puberty, have on training and sports
	Differences between males and females with respect to the development of	performance. Apply understanding of the
	physical, physiological and	differences between males

other characteristics that impact on sport.

Common conditions, collectively termed differences of sexual development (DSD). These include Congenital Adrenal Hyperplasia, Androgen Insensitivity Syndrome, Klinefelter and Turner syndrome. Know which experts to involve in their multi-disciplinary care.

The existing eligibility policies on sex categorisation in the major sports and those in which you work. This may include separate policies related to transgender athletes or those with DSD.

The relevant legislation in this area, particularly relating to sex-based exemptions within equality legislation and the legal process of changing gender. Describe the difference between gender and sex and accurately use these terms in communication.

The impact of female categories for females in sport.

The barriers to female participation and the persisting inequalities between female and male athletes.

and females when conducting or applying research within sport and exercise medicine.

Consider current sex-based research inequalities when conducting research.

An awareness of the medical, ethical and performance aspects of healthcare of athletes with DSD.

Apply this knowledge of performance characteristics, male/female development, medical aspects and legislation to contribute to discussions regarding fairness, safety and inclusion perspectives related to sex-based categorisation in sports.

Module 5: Specific health conditions

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Mental Health & Wellbeing	Risk factors for suicide and a	Make a preliminary
	safe process for asking about	assessment of suicide risk
	risk of suicide.	and draw up a safety plan
		with an athlete in distress;
	Aspects of athletes' unique	collaborate with an athlete
	experiences that are relevant	to include contingencies
	to risk to self-harm and suicide	that reduce risk specific to
	in sport.	the sporting environment
		(e.g. whilst away on tour).
	Common mood disorders and	
	common precipitants for	Make preliminary
	mental health disorders in	assessments of these
	athletes.	issues; know which
		screening tests might be
	Concepts of athletic identity	helpful to offer an athlete
	and transition that arise in	with low mood; be able to
	athletes at different stages of	discuss some basic mood
	their sporting journeys.	management strategies;
		know when to refer for
	The relationship between	specialist assessment.
	injury and mental health and	
	wellbeing.	Discuss with an athlete in
		an informed way some of
	Harassment and abuse, the	the key psychological issues
	effects of trauma on mental	related to injury, pain and
	health; outline key features of	mental ill health in athletes;
	Post Traumatic Stress Disorder	know when to refer to a
	(PTSD).	clinical psychologist or
		sports psychiatrist.
	The relationship between	
	sleep, sleep disorder and	Use safeguarding processes;
	mental wellbeing.	know when to refer an
		athlete to a mental health
	Typical presentation of	practitioner following
	Attention Deficit Hyperactivity	traumatic experiences.
	Disorder (ADHD), including the	
	process UK Anti-Doping	Offer advice about sleep
	(UKAD) use to grant a	hygiene; know when to
		refer for further

Therapeutic Use Exemption (TUE).

The range of substance use and behavioural disorders that arise in athletes; understand how these may present differently in professional sport; outline and understand common substances and behaviours involved; discuss the organisations and approaches that may offer help and support in their sport.

Low energy availability, disordered eating, eating disorder and Relative Energy Deficiency in Sport (RED-S).

Differences of competitive anxiety (and choking) from clinically significant presentations of anxiety such as panic disorder, social anxiety, generalised anxiety disorder.

Concepts of psychological safety and mentally healthy team environments.

assessment; explain an outline of Cognitive
Behavioural Therapy for
Insomnia (CBT-I) principles
for an athlete who might
need referral for this.

Show an awareness of the diagnostic requirements in athletes with ADHD and its relationship to TUE.

Gain an athlete's confidence in this topic area; ask with sensitivity the key screening questions that relate to uncovering substance use problems and related behavioural disorders.

Know which screening tests might be helpful in relation to food, body image and energy availability; know when and how to refer for specialist assessment.

Know which screening tests might be helpful to offer an anxious athlete; be able to discuss some basic anxiety management strategies; know when to refer for specialist assessment.

Notice power dynamics in teams; reflect on and notice mentally unhealthy or unsafe environments in teams; know when to whistle blow or intervene; use peers and other professional support to

		manage ethical dilemmas and challenges in sport.
Sports related concussion	The basic anatomy of the skull, meninges and cerebrum.	Clear the cervical spine on field and in a training environment.
	Concussion and the pathology of concussion, sub-concussive impact and head acceleration load.	Perform a pitch side and clinic room examination of the face and eye.
	The epidemiology of concussion.	Perform a SCAT assessment.
	Natural history of concussion including potential mechanisms, loss of	Perform a VOMS assessment.
	consciousness and late presentations.	Perform a SCOAT assessment.
	Potential short-, medium- and long-term complications of concussion.	Design a GRTP for an adolescent athlete referring to current international guidelines.
	National and international concussion consensus statements and guidelines; including Digital, Culture, Media and Sport Select Committee (DCMS), Amsterdam and National Institute for Health and Care Excellence (NICE).	Design a GRTP for an adult athlete referring to current international guidelines.
	Preventative measures that may reduce the occurrence or severity of concussion. For example, neck strength, nutrition (creatine, omega 3 oils), protective equipment, law changes.	
	The assessment of Head injury as the presenting complaint	

with concussion as a final diagnosis. e.g. the need to assess for concurrent facial fracture, cervical spine fracture, eye injury, extra-Dural haematoma, dental injury and laceration and avoid confirmation bias when assessing.

On-field recognition and "if in doubt sit them out" approach

Tools and tests to aid the clinical diagnosis of concussion. e.g. Sport Concussion Assessment Tool (SCAT), Sport Concussion Office Assessment Tool (SCOAT), Vestibular Ocular Motor Screening (VOMS) and Computerised Neurocognitive tests.

Pre-hospital indications for transfer to hospital and CT scanning. e.g. NICE guidelines.

Safety netting and the importance of early (written) advice post-diagnosis.

An "Enhanced setting" for concussion management.

Principals of concussion management, rehabilitation and the Graduated Return to Play (GRTP).

Concussion modifiers and special groups e.g. Females, Adolescents.

	Definitions of persisting	
	concussion symptoms and	
	common causes.	
	Clinic based advice for patients	
	with persisting concussive	
	symptoms.	
Principles of injury	Typical epidemiological injury	Observe and assess
management and	patterns for common sports.	mechanism of injury and
rehabilitation	·	structures likely to be
	Immediate injury management	involved either through
	on the field of play and in the	direct injury observation or
	immediate post injury period.	on video replay.
	miniculate post injury period.	on video replay.
	Red flags associated with any	Draw up a rehabilitation
	injury and indications for	plan in partnership with
		' '
	referral for emergency	other health professionals
	assessment in hospital.	and the injured athlete.
	A	Discuss with the athlete the
	A range of common injuries in	Discuss with the athlete the
	terms of structures involved,	nature of the injury,
	relevant local and distant	rehabilitation plan,
	anatomy and pathology of that	estimated key milestones
	injury.	and safety netting and
		reasons to re-assess.
	Principles and phases of the	
	healing process with an	Explore athlete ideas,
	emphasis on the first 2 weeks	concerns and expectations
	(Protection, Optimal Loading,	and satisfy these through
	Ice, Compression, Elevation	education and explanation.
	(POLICE)).	
		Understand principles of
	The multi-disciplinary team	patient confidentiality and
	roles and functions in injury	consent within a team
	management.	environment in relation to
		injury.
	Indications for use of	- '
	diagnostics throughout the	Discuss with appropriate
	post-injury and rehabilitation	team non-medical
	period.	colleagues the nature of the
		injury, plan, milestones and
	Principles of rehabilitation and	expected return to play.
	able to relate	expected retain to play.
	rehabilitation/exercise	

modalities/types to specific injuries.

Principles of tissue load, adaptation to load and mechanotransduction.

Principles of aerobic, anaerobic and strength training.

The effect of psychosocial factors on injury management and recovery from injury.

The place/value/evidence for adjunct therapies including but not limited to electrotherapy, mobilisations, hydrotherapy, shockwave.

Indications and contraindications for use of drugs in immediate post-injury period and during rehabilitation.

The use and pros/cons of a variety of injection therapies during rehabilitation including but not limited to corticosteroid, Platelet Rich Plasma (PRP), viscosupplementation, prolotherapy.

Indications for surgical treatment in injury management.

Principles behind return to play decisions and risk management related to the evidence-base.

Know when and how to seek help, consult with peers where complex challenging problems.

Discuss and refer an athlete to a hospital and/or consultant e.g. for emergency management or elective surgical consideration.

Effectively communicate regarding injury prognosis and Return to Play (RTP) with an athlete and discuss appropriate supportive measures.

Risk assess return to play taking into account all factors internal and external to the athlete.

Explain pros/cons of return to play at any specific time to athletes and coaches and be part of an informed pragmatic decision from all parties.

Document all assessments, opinions, discussions, and decisions in a suitable patient record.

Audit injury patterns in your group of athletes, identify any recurring injury themes or causes and produce an injury prevention plan in partnership with relevant colleagues.

The nature and implications of Develop an injury career ending injuries for prevention protocol for the athletes. team in association with colleagues. Current regulations around anti-doping matters when Explain to an athlete, coach considering medication or or colleague how to gain injection therapy proposed in further information injury management. The regarding proposed current World Anti-Doping medication as part of injury Agency (WADA) code and rehabilitation. UKAD regulations. The concept of performance Design and lead an Performance threat management related to threat management related to integrated Multihealth conditions health conditions when disciplinary Team (MDT) managing an athlete or team. approach to: Risk assessment The complex interplay of all Implementation of members of the medical team mitigating actions and coaching staff in managing Review of performance threat. performance threat management How common medical related to a specific conditions will affect medical condition performance including, but not prior to preseason limited to: training Asthma. Diabetes. ADHD. Epilepsy. Allergy and anaphylaxis. Exercise induced Laryngeal obstruction (EILO). Common viral infections including respiratory and gastrointestinal infections.

Effect of exercise on immune health, inflammation and recovery strategies

The basic effects of acute exercise on innate and adaptive immune function.

Controversy surrounding the "open window" theory of intense exercise leading to temporary immunosuppression.

What factors other than intense exercise affect immune function in team athletes e.g., travel, stress, sleep, exposure to novel pathogens.

The long-term benefits of exercise on immune function.

The basic principles of how exercise may reduce long term inflammation and hence reduce risk of cardiovascular and other disease.

The various techniques, tools and principles behind recovery from exercise and its effectiveness including; DOMS, Perceived fatigue, Creatine Kinase and Inflammatory markers, Massage, Immersion, Compression, Cryotherapy and Active Recovery.

The effects on athletic performance of sleep deprivation and recognising potential sleep disorders.

The effects on athletic performance of sleep extension.

Design policy, recommendations and strategies to mitigate threats to immunity around periods of intense exercise, travel or competition.

Reassure and educate ageing athletes and teams on the longer-term benefits of continued exercise and participation on immunity and cardiovascular health.

Design multimodal MDT recovery strategies for an athlete/team around training, performance and travel dependant on resources.

Design and implement a sleep strategy for an athlete/team taking in to account usual training diary, competition dates and travel including domestic and international.

The effects of travelling across time zones or latitude on sleep and performance.	
The basic principles of good sleep hygiene.	

Module 6: Duties of the medical team

Subject Area	Knowledge	Skills
	Should be able to describe:	Should be able to:
Anti—doping and effect of	Historical context of	Use Global Drug Reference
medication and	prohibited substance use in	Online (DRO) and Informed
supplementation on sports	sport and development of	sport websites to assist in
performance	national and international	assessment of risk and
	Anti-Doping strategies.	advice on medication and
		supplement use to
	Development and details of	individuals in different
	the World Anti-Doping	sports – both in and out of
	Agency (WADA) prohibited list.	competition.
	iist.	Identify when and how to
	How to carry out an	apply for a Therapeutic Use
	assessment of the risk of	Exemption (TUE) and
	medication use, both in and	specific requirements
	out of competition, in order	including Hay Fever,
	to correctly identify	Asthma, Attention Deficit
	prohibited use.	Hyperactivity Disorder
		(ADHD), Adrenaline auto-
	Clean sport values and how	injectors, Diabetes and
	support staff and athletes	Glucocorticoids.
	can raise concern and	
	protect clean sport.	Provide team based
		educational support related
	Different types of Anti-	to Anti-Doping and
	Doping Rule Violations	supplement use.
	(ADRVs) and their potential	
	consequences.	Advise and support an
		individual athlete on aspects
	Current UK Anti-Doping	of anti—doping and
	education strategy and	supplement use.
	courses for athletes and	
	support staff.	Support an athlete through
		the Anti-Doping testing,
	Principles of assessing need,	doping control process and
	assessing risk and assessing	follow up in the event of an
	consequence related to	ADRV.
	supplement use.	
		Identify and advise an
		athlete on potential

	Τ	T -
	Supplements that may contribute towards optimum athletic health and performance. Dosing regimens, risks and side effects of nonprohibited performance enhancing supplements. Athletic performance impacts of prescribed medication and alternatives to commonly prescribed medication.	performance and adverse health impacts of prescribed medication, supplements and herbal remedies.
Travelling with a team	The process of planning medical requirements for a sporting competition overseas. Medical screening of travelling party & necessary insurance requirements.	Liaise prior to travel with local medical teams, healthcare facilities, emergency services and imaging facilities. Plan for hospitalisation of athletes or party members
	Requisition of appropriate medical supplies, medications & awareness of potential customs issues in appropriate country. Immunisation requirements and local disease prevalence. Time zone travel and	implications for taking a team abroad including an advance reconnaissance trip and who should attend. Understand why medical screening of the travel party
	recovery implications; including jet lag, travel fatigue and management of these issues. The process of emergency action planning including	is so important and understand the process involved. Demonstrate understanding of insurance requirements – personal, medical and travel.

hotel, training and match venues.

Source appropriate medications and operate a robust medicines management policy to enable travel overseas.

Understand the customs requirements for travel with medicines and how they vary from country to country.

Provide up-to-date immunisation advice to the whole travelling party well in advance of the proposed trip.

Research and educate travelling party regarding indigenous diseases and local health risks of country travelling to.

Have knowledge of risks to athlete of foreign travel, particularly regarding travel through time zones.

Implications for training and recovery post-travel.

Devise a specific programme to reduce the risks associated with jet lag in order to minimise disruption to the athlete and team.

Put in place an appropriate Emergency Action Plan(EAP) and demonstrate an awareness of the items that need to be included in such a plan. To include variations of such EAP's for hotel,

		training ground & playing venue.
		Demonstrate ability to activate prior medical planning in terms of utilising local medical support, emergency transport services, emergency medical supplies, imaging as required.
		Put in place plans for hospitalisation of injured players / ill staff including how this is funded at the point of care. Have appropriate plans in place for prolonged hospitalisation of players / staff and steps needed to arrange emergency repatriation of athletes back to the UK.
Event planning and preparation including field of play medical care	Risk assessment relating to the sport involved – frequency & severity of trauma, common injuries,	Identify high-risk sports requiring pitch side trauma support.
	number of competitors / potential casualties, size of field of play.	Calculate minimum required medical staffing for sports grounds.
	Risk assessment relating to venue – accessibility of field of play, relative location to Emergency Department &	Create risk assessment & emergency action plan for venue and sporting event.
	Trauma centre, access	Establish minimum
	routes for	standards of medical
	ambulance/helicopter.	equipment required for a sporting event.
	Risk assessment relating to	
	environment – hazards (e.g.	Identify risk and develop
	body of water), heat/humidity levels,	strategies to prevent and manage heat illness.
	near, namulty levels,	ווומוומקב ווכמנ וווווכסס.

altitude, air quality, infectious disease outbreak.

Considerations for medical team staff planning (Green Guide) – number required, role & skill mix, qualifications & experience levels, methods of communication.

The importance of not overburdening local NHS services.

The role of pre-event information sharing, team briefing & emergency scenario practice.

Medical supply requirements – facilities, diagnostics, Automated External Defibrillator (AED), oxygen, Personal protective equipment (PPE), trauma bag contents, emergency medications, number of kits.

Maintenance, storage & regulations relating to emergency equipment & medication.

Methods & medicolegal regulations for medical record keeping at & postevent.

The role of pre-event screening & medical histories (SAMPLE).

Appropriately assess, manage and refer the following:

- Dental injuries sustained on the field of play.
- Skin wounds sustained on the field of play.

	The role of medical policy	
	for large events –	
	emergency action plans,	
	infectious diseases, major	
	incident plan.	
	meraent plani	
	The role of post event	
	The role of post-event	
	reflection & debrief.	
Addition to the state of the st	The second state of subliness	B. d.
Athlete monitoring, profiling	The principles of athlete	Develop and implement
and screening for health	monitoring, profiling and	athlete monitoring and
and performance	screening.	profiling programs that may
		help to optimise health and
	Common injuries and	performance.
	medical conditions affecting	
	athletes and evidence based	Conduct medical screening
	profiling and preventative	and assessment for
	strategies.	athletes.
	The ethical and legal	Provide emergency medical
	considerations associated	care and injury
	with sport team care.	management on and off the
	with sport team care.	field.
	Governing body standards	neia.
	and frameworks around	Demonstrate different
	monitoring and screening.	techniques for measuring
		physical fitness and
	The ethical and legal	performance.
	considerations associated	
	with providing medical care	Demonstrate methods for
	to athletes.	monitoring training load
		and recovery.
		Demonstrate strategies for
		developing athlete profiles
		and managing injuries.
		Demonstrate techniques for
		conducting medical
		screening and assessment.
		Have the ability to use
		diagnostic tools and imaging
		uiagnostic tools and imaging

technology in the assessment of an athlete.
Collaborate with other healthcare professionals in the data collection and management of profiling, screening and performance.